



Government of **Western Australia**
Mental Health Commission



Quality Evaluation Report

Gosnells Women's Health Services, trading as Women's Health and Wellbeing Services

Final Report 8 September 2017

This report was prepared by an independent Evaluation Team comprising members of the Panel Contract of Independent Evaluators and Team Leaders. The Panel Contract is managed by the Mental Health Commission.

Team Leader: Nadine Hicks

Report prepared for:
Quality Unit
Mental Health Commission
1 Nash Street, Perth WA 6000

GPO Box X2299
Perth Business Centre WA 6847

Phone: 6553 0600

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Acknowledgement

The Evaluation Team extends its thanks to the individuals, families and carers, employees of Women's Health and Wellbeing Services in Gosnells and other stakeholders for the assistance provided throughout evidence gathering process. Your contribution has been very much appreciated.

1. Introduction

The Mental Health Commission (MHC) has established a quality management framework for funded Community Managed Organisations (the Organisation) in Western Australia. The Mental Health Outcomes Statements (the Outcomes) and the National Standards for Mental Health Services (the Standards) form part of the quality framework, along with reporting and managing Notifiable Incidents and adhering to the requirements specified in the funding and service contract.

This report describes the evidence and the findings of the independent Evaluation Team who visited the services provided by Women's Health and Wellbeing Services and completed an assessment of the organisation's overall progress towards:

- assessing the achievements of the Outcomes in practice; and
- complying with the Standards

The quality evaluation process entailed the gathering of evidence across a number of different sources: Some of these sources include:

1. feedback from consumers/carers/families/external stakeholders
2. staff knowledge and understanding of their roles, responsibilities and practice
3. direct observation of activities / events supported by the organisation
4. policies, procedures practice guidelines and other documentation including individual plans

Importantly, information obtained from each of these sources is used to assess compliance for **each** standard and progress of achievement towards **each** outcome.

Evaluation Process:

The Evaluation Team comprised of Nadine Hicks (Team Leader), Manjit Kaur and Sharon Sharratt (Evaluators).

Team Leaders and Evaluators are required to operate in accordance with the Guidelines for Independent Quality Evaluation (*MHC, July 2013*).

The quality evaluation visits occurred between 22 June 2017 and 24 August 2017. The preliminary meeting was conducted on 22 June 2017 and was attended by 3 consumers and 1 employee. A meeting of organisational stakeholders was held on 4 July 2017. Approximately 20 people were in attendance. The Post Evaluation feedback meeting with the organisation occurred on 7 September 2017.

Members of the Evaluation Team conducted interviews, received emails or other written correspondence or telephone calls from the following range of stakeholders:

Source of information	No.
Consumers	34
Families & carer(s)	See note below ¹
Counsellors	3
Manager(s) / Service coordinators	2
Board member(s):	1
Other stakeholders Armadale Kalamunda Group, Maternity (East Metropolitan Health Service) Richmond Wellbeing Armadale Family Support Network Child Health Nurse, Child Health Centre Maddington Child Health Nurse, Child Health Centre Armadale	5

The Evaluation Team undertook observations in service settings including the service's reception and common areas, and a Perinatal and Infant Mental Health Local Reference Group meeting hosted by WHWS. Team members also attended the end of a 'Bringing Up Great Kids' group meeting.

¹ Of the 34 consumers interviewed, approximately 8 consumers also identified as being carers. These carers had received their own individual counselling sessions from WHWS and/or were taking part in family counselling.

2. Overview of Gosnells Women's Health Services, trading as Women's Health and Wellbeing Services (WHWS)

Chief Executive Officer: Emma Basc

Vision:

A world where all women and their families are supported to be the best version of themselves.

Mission:

To provide a diverse, innovative, quality-focussed wellness service that sets the benchmark for the industry. We will continue growth in order to ensure sustainability and further our aim of being a provider of choice for all our services.

Values:

Respect: Valuing diversity and actively seeking everyone's contribution.

Equity: Advocating for the whole community.

Integrity: Aligning our actions with our values.

Excellence: Striving for the highest personal achievement in all aspects of service delivery.

Passion: Intense emotion and compelling enthusiasm.

Services:

Women's Health and Wellbeing Services (WHWS) based in Gosnells offers group and individual counselling to women in the South East metropolitan region of Perth. The Mental Health Commission funds the perinatal mental health program for women experiencing or at risk of perinatal depression. Other programs offered include a general counselling program, women's health, fee-for-service and group services.

The perinatal mental health program is available to women in need of counselling or therapeutic group services, who are able to keep themselves emotionally safe between weekly or fortnightly appointments. Consumers with a complex mental health diagnosis must be supported by a psychiatrist. Consumers attending individual or family counselling are offered 10 sessions of counselling, which may be extended if required. Consumers may be self-referred. Other referrals are provided by child health nurses, general practitioners, mental health and maternity services and the Department for Child Protection, among others.

WHWS is located within the Gosnells Community Lotteries House on Albany Highway, in the centre of Gosnells and services the South East Metropolitan Health Region with Gosnells, Thornlie, Maddington and Armadale defining the major catchment area. However, women from as far as Carnarvon and Albany, the outer regions of Armadale, Kalamunda, Cannington, Langford, Lynwood and Willetton also use the services

provided. To reflect their extended geographic catchment area, Gosnells Women's Health Services began trading as Women's Health and Wellbeing (WHWS) in 2012.

Organisational Issues Relevant to the Evaluation Process:

N/A

Service Profile:

The following service types / programs were included in this evaluation:

Name of Service/Facility	Service Outlet Names (eg location if applicable)	MHC Service Type	Total No. of Consumers	Funding \$'000	FTE/staff number
1. Perinatal Mental Health Program		Counselling - face to face	150	\$189,460	1.8
TOTAL (MHC funded programs)			150	\$189,460	1.8
ORGANISATION TOTAL				\$682,828	5.9

3. Evaluation Findings

Areas of Good Practice

Entry procedures, including waiting list management, the triage process and triage form: The entry procedure is efficiently managed and includes a comprehensive identification of consumers' needs and preferences. Supported referrals are made to other providers. WHWS actively manages its waitlist and follows up on consumers who fail to attend triage appointments.

Good communication with consumers: WHWS makes extensive use of text messaging to ensure contact with consumers is maintained. Social media is also used to communicate with consumers and the wider community. Blog posts promote mental and physical health and wellbeing.

Integration: WHWS hosts outreach services at its premises, is involved in many networking and collaborative groups and has a strong presence in its local community.

Carer engagement: WHWS provides counselling services for carers and maintains close links with a carer support group. Many carers spoke positively about the benefits of WHWS's engagement with them.

Personalised service delivery: All consumers were very satisfied with counselling and group services, and many commented on staff's recognition of them as individuals and staff support for them to choose the direction of their therapy. Consumers believed they were treated with dignity and respect at all times.

National Standards for Mental Health Services

NSMHS Standards		Met/Not Met	Required Action	Opportunities for Service Improvement
1.	Rights and Responsibilities	Met		
2.	Safety	Met		OSI 3
3.	Consumer and Carer Participation	Met		
4.	Diversity and Responsiveness	Met		
5.	Promotion and Prevention	Met		
6.	Consumers			
7.	Carers	Met		
8.	Governance, Leadership and Management	Met		
9.	Integration	Met		
10	Delivery of Care	Met		
	10.1 Supporting Recovery	Met		OSI 1, OSI 4
	10.2 Access	Met		
	10.3 Entry	Met		
	10.4 Assessment and Review	Met		
	10.5 Treatment and Support	Met		
	10.6 Exit and Re-Entry	Met		OSI 2

Mental Health Commission Outcomes

MHC Outcome	Addressed/Not Addressed	Opportunities for Service Improvement
Health Wellbeing and Recovery	Addressed	
A Home and Financial Security	Addressed	
Relationships	Addressed	
Recovery, Learning and Growth	Addressed	OSI 1
Rights, Respect, Choice and Control	Addressed	
Community Belonging	Addressed	

Required Actions:

The organisation is required to meet all contractual obligations of their Service Agreements with the MHC. Required Actions (RAs) focus on the minimum satisfactory level of service and must be implemented by the specified date.

The rating scale used to assess the National Standards for Mental Health Services is **met / not met**.

No Required Actions were identified.

Opportunities for Service Improvement:

Opportunities for Service Improvement (OSI) identify actions to enhance practices in:

- addressing outcomes for people with a lived experience of mental illness, their families or carers; and/or
- meeting the Standards.

OSI's need to be carefully considered by service management as part of their contractual obligations and normal organisational planning processes, and then implemented. A minimum of one OSI can be expected from every Quality Evaluation. OSI's are expected to be completed within 12 months. CMOs are required to report either progress or completion of OSIs in the biannual online report to the MHC as evidence of continuous service improvement.

The Evaluation Team identified the following Opportunities for Service Improvement:

OSI 1

Outcome 4 Recovery, Learning and Growth: People develop life skills and abilities, and learn ways to recover that builds their confidence, self-esteem and resilience for the future.

Complete the implementation of the new recovery care plan template, ensuring:

- Plans are consistently completed for all consumers.
- Consumers are supported to participate in goal setting and recovery planning.
- Plans are reviewed regularly, progress is identified and goals are revised as needed.

- Staff are trained in recovery planning

This OSI also links to Standard 10.1.6.

OSI 2

Standard 10.6.4: The consumer and their carer(s) and other service providers are involved in developing the exit plan. Copies of the exit plan are made available to the consumer and, with the consumer's informed consent, their carer(s).

Complete implementation of the new exit plan template, ensuring all staff are trained in its use. Provide all consumers with a copy of their exit plan. Ensure documented risk assessments of consumers are completed prior to exit. With the consumer's consent, carers should be involved in developing the exit plan, including development of agreed relapse prevention strategies and a copy provided to the carer.

This OSI also links to Standard 2.11.

OSI 3

Standard 2.10: Staff are regularly trained to, wherever possible, prevent, minimise and safely respond to aggressive and other difficult behaviours.

Develop a staff training system or calendar which identifies mandatory training for each staff member and ensure training is completed regularly. The system should include training in responding to aggressive behaviour and any other mandatory training identified as required to address risks in the workplace.

OSI 4

Standard 3.1: The MHS has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs.

Develop a policy which reflects existing processes for consumer and carer participation in strategic planning and providing feedback on service delivery, as well as providing additional opportunities for consumer and carer involvement in quality improvement processes, from identification of an issue to improved outcome, evaluation and review.

Matters for Further Consideration:

Many consumers spoke of their difficulty in accessing services provided during the day due to their commitments to family and employment. WHWS provides services during business hours as well as evening sessions on Thursdays until 9pm. Some group sessions are also held after-hours. Demand for the Thursday evening counselling sessions exceeds capacity. Carers, who are often partners and work full-time, also reported difficulty in attending the service during business hours. WHWS is unable to provide more after-hours services which would require an increase in staffing and overhead costs. There is strong demand from consumers and carers for more after-hours service provision.

3.1 Outcome 1 - Health, Wellbeing and Recovery

People enjoy good physical, social, mental, emotional and spiritual health and wellbeing and are optimistic and hopeful about their recovery:

- Individuals, families and carers are supported to explore and address their physical health, social, emotional and mental wellbeing needs
- Individuals, families and carers are supported to have collaborative, equal partnerships with their GPs and other health/mental health practitioners
- Individuals, families and carers experience increased hope and optimism about their recovery
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people's health, wellbeing and recovery

Evaluation Finding:

The organisation addresses this Outcome
The organisation meets the related Standards

Evidence:

Consumers consistently reported being supported to explore and address their physical and mental wellbeing needs and experiencing increased hope and optimism. Many consumers spoke of the counselling service as being 'eye-opening', 'life-changing' and as resulting in significant changes in their family life and relationships.

Consumers who participated in group sessions also spoke of the insights they had gained and the skills they had learnt to improve their social and emotional wellbeing as well as the wellbeing of their family. One consumer said the staff member always ensured all group members had time to talk about issues and how this was relevant to their personal lives, ensuring they addressed their social, emotional and mental wellbeing needs. The consumer found this assisted others in the group to learn things and realise they were not so alone in their concerns or experiences. The sessions 'increased my optimism for life'.

Another described being helped by the counsellor to improve their emotional, social, mental and spiritual health and wellbeing and being supported to explore their emotions as an individual. Strategies such as mindfulness exercises, breathing and listening to music helped them to 'de-stress' and they were supported to 'rethink' how they were functioning.

Many consumers also spoke of the very positive relationship they had with their counsellor or group facilitator with one commenting that the relationship was 'a partnership' and feeling they had been empowered to address issues of their choosing.

Several consumers said their counsellor had been very helpful with information about other services in the area and one commented on how much they appreciated the counsellor emailing them information in between counselling sessions so that they could continue to work on identified issues without having to wait for the next session. Another

felt that the counsellor had helped them explore their needs, social, mental and emotional wellbeing and helped them find skills and strategies to deal with mental illness. The counsellor introduced them to the Mindfulness App and the consumer now practices meditation with their child, finding it has strengthened their relationship.

Several consumers had been referred to WHWS by their GP and WHWS staff reported they had a strong relationship with a local GP from whom they received many referrals. One consumer said their counsellor had collaborated with their child health nurse and GP, with the consumer's consent. Staff reported back to both these stakeholders and the consumer found this very supportive. Another consumer said counselling had empowered them in their dealings with their GP.

Other consumers had attended the women's health clinic run by WHWS and were pleased that they could access a bulk-billed physical health provider focussed on women's health at the same premises. Others had been referred initially for counselling and had been supported and encouraged to consider other WHWS services such as group sessions and a range of workshops, as well as the outreach services available on the WHWS premises. One consumer appreciated the low-cost chair massage sessions. 'They give me such a lift. I go home full of energy,' they said.

On referral to the service, a triage form is used to assist the consumer to identify their needs and for staff to conduct a risk assessment and refer to other services as needed. This process also assesses the risk of deliberate self-harm and suicide.

The triage process also identifies any physical health, alcohol or other drug issues. Support staff demonstrated a good awareness of the services available to help consumers with these issues. Staff said that if WHWS could not provide appropriate services for the consumer, they would contact an appropriate service themselves to ensure the consumer could access the service they needed. 'We are very aware of clients getting the run-around and they end up phoning one service after another,' one staff member said. 'We don't want [them] to end up as just another call that goes nowhere, so we make sure the client has access to another service,' if WHWS is not appropriate.

Stakeholders also commented on WHWS's triage process, with one describing it as 'fantastic' and noting that it helped ensure services were appropriate and timely. Another said WHWS was very responsive to all referrals and took a collaborative approach to ensure consumers received the support they needed. Richmond Wellbeing staff met with consumers they had referred and WHWS counsellors periodically to 'ensure everyone knows what everyone else is doing'. This stakeholder believed WHWS was an 'excellent service' which always followed through on commitments made to consumers and stakeholders.

Staff make extensive use of text messaging to maintain contact with consumers seeking entry and those on the waiting list. Several consumers commented positively on this method of communication, with one commenting that it made staying in touch much

easier. This consumer appreciated receiving texts reminding them of appointments. Carers also appreciated receiving text messages.

WHWS also hosts outreach services at its premises provided by other organisations including Sexual Assault Resource Centre, AIM Occupational Therapy for Children, Association for Services to Torture and Trauma Survivors (ASETTTS), Multicultural Women's Advocacy Service, Infinite Bliss head, back and shoulder massage, CAM Inner Balance Health Clinic, and Thrive Support Group for Carers.

More than one stakeholder commented on the benefits of WHWS's location in a building that houses a wide range of services, including medical, legal, community support providers and a library with internet access. From one stakeholder's perspective, this reduced the consumer's stress level and improved their access to the range of needed services.

Consumers also appreciated the proximity to public transport and availability of other services on site. Consumers attending group sessions appreciated the availability of a crèche, with one commenting that without this service they would not have been able to attend. Some consumers found parking difficult or had trouble locating the office as there was no signage outside. One requested that information about parking and the office's location within the Lotteries House building be made available on the webpage.

WHWS runs a series of family events which promote wellbeing and raise awareness of mental health issues. The most recent of these was a nature play day, where parents were invited to accompany their children on a bush walk and picnic. Staff said these events had multiple benefits for consumers, including promoting physical fitness and family connection, as well as providing informal opportunities for staff to raise awareness of mental health issues. WHWS also promotes mental wellbeing through its blog and Facebook page. WHWS runs promotional stalls to raise awareness of perinatal depression at local events including the Gosnells' Multicultural Fair and Gosnells' Women's Expo.

WHWS has a comprehensive set of policies and procedures to ensure staff, consumer and visitor safety. Policies and procedures are developed in collaboration with staff and reviewed at staff meetings to ensure staff are aware of and follow relevant procedures. Policies are routinely reviewed and updated at regular intervals.

Staff regularly undertake first aid training. Safety information and strategies for remaining safe are discussed at staff meetings. There had been no recent training in de-escalation techniques or otherwise dealing with aggressive or threatening behaviour, though there is a comprehensive policy addressing this risk. There is no systematic approach to identifying, and ensuring that staff complete, essential safety training. See OSI 3.

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Triage Form	Identifies mental and physical health issues; any support from other services that the consumer is currently or has recently received; risk factors including risk of self-harm and suicide; alcohol and other drug use and any treatment; obstetric history; carer and desired level of carer involvement in service provision; Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) status; need for an interpreter; sexual orientation; relationship status; employment status; homelessness; disabilities. Prompts staff to inform consumer of waitlist, range of services offered by WHWS, fees and feedback process; to seek consumer preferences for individual or group counselling; and to refer to other services as required to meet individual needs.
WHWS Information Brochures and Calendar of Events	Available at reception and on website. Provides information on the range of services offered by WHWS including the women's health clinic, counselling and a wide range of group sessions addressing issues such as parenting, anxiety, self-esteem, intimacy, first aid for parents, art, finances, food issues, business planning and goal setting. Includes information on Mental Health Care Plans and bulk-billed support.
WHWS website	Provides information about and contact details for WHWS services and the outreach services hosted at its premises. Provides referral forms, including an online referral option (for self-referral or referral by another service provider) and information on intake procedures and eligibility requirements. Blog posts discuss issues regarding mental and physical health and wellbeing.
Facebook page	Includes contact details and promotion of WHWS services. Provides a space for consumers to share their stories and experiences.
Information Brochures from other services	A wide range of brochures about other services is available in the reception area, including alcohol and other drug services, family support, community legal centre, mental health, physical health and disability services.
MOUs with ASETTS and SARC.	Formalised arrangements for hosting outreach services provided by ASETTS and SARC at the WHWS premises. These MOUs aim to promote cooperation, respect and goodwill between the organisations and include dispute resolution procedures.
Text Message Templates	Staff use text messages to help maintain contact with consumers. Text message templates include: Triage DNA Hi name client# we've have tried to contact you twice for

Title	Comments
	<p>your triage call appointment that you had today at 9.30 am. Unfortunately we were unable to contact you. A triage call must occur prior to the offer of a counselling appointment. Please contact us on 9490 2258 to reschedule a new triage date.</p> <p>No response to booking a triage Women's Health and Wellbeing Services has not heard back from you regarding booking a triage call to access counselling. Unfortunately you have been removed from the waitlist. If you would like to go back on the counselling waitlist, please call the office on 9490 2258 to book a triage call. Thank you.</p> <p>Post triage follow up Hi (Name) Thanks for taking the time to speak with me today. As we discussed I would encourage you to contact either Life line 13 11 14 or Crisis care 1800 199 008 if you are feeling really distressed. If you are unsure if you will be able to keep yourself safe please visit the Emergency Department of your local Hospital so that they can assist you. Kind regards (Name) Women's Health & Wellbeing Services</p>
Occupational Safety and Health Responsibilities Policy	Provides details of WHWS's commitment to meeting the legislative and regulatory requirements for occupational safety and health. Identifies the responsibilities of management, workers and the nominated health and safety representative.
Hazard Identification, Incidents and Injury Policy and Procedure	Provides details of how WHWS will meet its commitment to perform risk assessments, identify hazards, communicate with staff, and implement risk mitigation strategies. Details procedures for reporting hazards, incidents and near-misses. Addresses the risks of stress in the workplace.
Injury Management Policy and Procedure	Describes the injury management process.
First Aid Policy and Procedure	Details responsibilities for first aid training, provision of first aid and regular maintenance of first aid kits.
Alcohol and Drugs Policy and Procedure	Workers and consumers are not allowed on the premises while under the influence of alcohol or other drugs. Provides procedures for non-compliance.
Safety of Stakeholders Policy and Procedure	Provides details of responsibilities for liaison with Lotteries House to ensure facilities and fire management system are maintained. Outlines management and workers' responsibilities to ensure awareness of all safety and security practices.
Security Policy and Procedure	Includes working alone, alarm system, maintaining list of emergency contacts, use of security systems. Provides procedures for opening and closing the premises.

Title	Comments
After-Hours Appointments Policy and Procedure	All after-hours appointments with consumers must be notified to the management team who will assess risk and develop mitigation strategies as required.
Activities After Hours Policy and Procedure	Provides procedures to be followed before and after any after-hours activity including management committee meetings and group activities or meetings with consumers.
Workplace Emergencies Policy and Procedure	Identifies types of emergencies and provides procedures to be followed for each. Includes medical emergencies, fire, bomb threats, flooding, gas leak, failure of essential services, and earthquake. Identifies responsibilities of management, workers and health and safety representative.
Evacuation Policy and Procedure	Provides guidance for those on the premises regarding how to conduct an evacuation.

NSMHS Compliance:

Standard	Criteria
2. Safety	2.3; 2.6; 2.9; 2.10; 2.12; 2.13
5. Promotion and Prevention	5.1; 5.2; 5.5; 5.6
6. Consumers	
8. Governance, Leadership and Management	8.2
9. Integration	9.2; 9.4
10. Delivery of Care 10.2 Access 10.3 Entry 10.4 Assessment and Review 10.5 Treatment and Support	10.2.3; 10.2.4; 10.3.1; 10.3.2; 10.3.4; 10.3.5; 10.4.1; 10.4.2; 10.4.4; 10.4.5; 10.4.6; 10.4.7; 10.4.8; 10.5.2; 10.5.11

3.2 Outcome 2 – A Home and Financial Security

People have a safe home and adequate source of income:

- Individuals are actively supported to engage in volunteer or paid employment of their choosing
- Individuals are actively supported to engage in further education and training (e.g. TAFE, University, short courses etc) of their choosing
- Individuals are actively supported to manage their finances and resolve issues impacting on their financial security
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people to address their needs for a safe home and financial security

Evaluation Finding:

The organisation addresses this Outcome
The organisation meets the related Standards

Evidence:

None of the consumers interviewed needed support with housing. WHWS's intake process asks the consumer if they are at risk of homelessness, but none of the consumer files reviewed revealed this to be an issue faced by consumers.

Staff demonstrated a good knowledge of available services if support in this area should be needed. One staff member described supporting a consumer experiencing domestic violence, which could have prevented them from remaining safely in their home. A safety plan was developed identifying risk to the consumer and contingency plans were developed in case of crisis. A support network was identified to help the consumer, who was also provided with after-hours emergency numbers to call for support.

WHWS is a partner agency of the Armadale Family Support Network (FSN) and staff described referring consumers to the Network, which will conduct a full triage assessment in order to identify any issues and needs that counselling is unable to address. The Network will then refer consumers to financial counselling, housing, employment or other services as needed. All WHWS staff have completed training on how to work with Armadale FSN.

While none of the consumers interviewed had identified goals or needs relating to seeking employment or training, several consumers said they had explored with their counsellor how to deal with the stress caused by working while also raising a family. One consumer, who was experiencing difficulties in their workplace, said the WHWS counselling sessions had empowered them to contact their employer to resolve issues. Others reported that learning relaxation skills and mindfulness had helped them to develop coping skills for anxiety and stress, while another said they had learnt how important it was to set aside time to look after themselves, even when it seemed there wasn't enough time in the day.

Two consumers said that financial hardship had contributed to the stress they were dealing with and that counselling sessions had helped them to learn to deal with anxiety. One said they had been referred to another service which had helped them to manage their finances. A carer said that WHWS staff had helped with budgeting and they now found it much easier to deal with and their partner was also now able to assist.

WHWS is also flexible about the fees charged for counselling and while all consumers are expected to pay, if a consumer can only afford \$2 per session, then this is all they will be charged. No consumer would be turned away because of an inability to pay. Information about fees and potentially lower rates was provided in brochures and was discussed with all consumers on entry. Many consumers spoke positively about the affordability of both counselling and group sessions. 'Most people round here don't have a lot of money and this is actually affordable. And it's good for public transport. That's really important for people who need it.'

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Triage Form	Requires staff to identify if consumer is at risk of homelessness.
Therapeutic Fees and Rebates information leaflet	Provides details of fees and advises consumers that WHWS is aware that consumers may experience financial hardship; that consumers will have the opportunity to discuss their situation with a staff member and agree on an appropriate fee; and that no one will be refused service based on their capacity to pay.

NSMHS Compliance:

Standard	Criteria
2. Safety	2.1
3. Consumer and Carer Participation	3.6
6. Consumers	
10. Delivery of Care 10.5 Treatment and Support	10.5.16

3.3 Outcome 3 – Relationships

People have enriching relationships with others that are important to them such as family, carers, friends and peers:

- Genuine and valued social relationships are developed with people who are important to individuals (e.g. children, partner, siblings, parents, friends, peers)
- Valued, safe, meaningful, respectful and empowering relationships are developed with support workers, professionals, service providers and other community members
- Recognition of family members (including dependents eg elderly/children) carers as partners in the individual's recovery
- Support for family members (including dependents eg elderly/children) to access supports and services for themselves
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people to address their relationships with family and community

Evaluation Finding:

The organisation addresses this Outcome
The organisation meets the related Standards

Evidence:

Many consumers spoke very positively about how the support provided by WHWS had helped them achieve their goals of better relationships with children and partners. Consumers reflected on improved communication with partners, stronger bonds with children and their improved confidence to deal with any issues that may arise in these relationships.

One consumer said counselling had helped them break through deadlocks in interpersonal relationships especially with their partner, who had had difficulty in dealing with the consumer's mental illness. Others spoke of using tools learnt from their counsellor to cope with difficult situations thereby improving key relationships. Another said group sessions had improved the consumer's relationship with their partner and there was 'more openness in my relationship with my children'.

A review of consumer plans revealed many goals relating to family and relationships, including goals to 'improve parenting – hearing each other and our children', improve 'communication with partners and children', 'improve intimacy with partner', and 'to be reunited with my [family members]'. Other goals reflected steps toward improved relationships and included to 'become present in communications', 'develop a shared understanding (with partner) of the children's needs' and to become aware of 'triggers in communications'.

Interviews with consumers and carers and a review of consumer files showed that WHWS routinely engages carers and significant others in service delivery. WHWS offers all carers an individual counselling session, and with the consumer's consent, the carer may be invited to join the consumer's initial counselling sessions and take part in further sessions as required.

Many carers reported that they appreciated being engaged with the services their family member was receiving. One carer who had taken up WHWS's offer of an individual counselling session said this helped them to understand their family member's needs better and how they could assist, as well as getting a better understanding of their own needs. They would like to continue with individual and shared counselling sessions and was arranging this with WHWS.

Another said they visited the service only to show some support for their family member and with no expectations, but it 'was the best thing I ever said yes to in my life'. The services provided to consumer and carer had turned their relationship and family life around. The carer realised that they 'didn't have the right tools to help. I thought I was helping. I never realised there were other ways. I also understand myself better and the impact it has on my family'.

Another carer said they found participating in counselling sessions 'amazing' and were 'comfortable about discussing anything'. As a result, they felt greater empowerment and that their voice was being heard. Their relationship changed with their children and now they 'talk easier with one another' about matters which arise. They were feeling optimistic about their relationship with their partner.

Many carers described the ways in which WHWS had supported them to help their family member, including by helping them to gain insight into the challenges faced by their family member and the ways in which family relationships could help or hinder their family member's efforts to deal with these challenges. Carers also described being involved in decision-making regarding their family member's care, with the consumer's consent.

Staff demonstrated a good understanding of the role of carers or 'significant others' and of the need for the consumer's informed consent before sharing personal information with a carer or involving them directly in the consumer's care. Staff said couples often accessed the service when their 'relationship is not surviving' and staff always worked toward rebuilding family relationships. Staff were qualified counsellors who had experience and training in providing counselling and support with a focus on relationships.

Staff referred carers to the Thrive support group. WHWS hosts this peer-led group's monthly meetings at its premises and occasionally organises guest speakers or events, such as an NDIS information session, a belly-dancing session and a Christmas function. One carer said that 'the support was tremendous' and they were able to be more supportive of their family member as a result.

WHWS has not routinely identified or engaged carers in the development of relapse prevention plans or exit plans. During the evaluation period, WHWS developed a new exit plan template and processes to ensure that this is now routinely done. See OSI 2.

Many consumers and carers spoke of the very positive relationship they had with their counsellor or group facilitator. Consumers described staff as non-judgemental, caring and respectful. The group facilitator 'was absolutely amazing'. She made sure all group

members had time to talk. 'Everyone was encouraged to share as little or as much as they liked. There was no pressure.'

Another said that their counsellor really 'listened to what I had to say, to find out deeper issues to deal with everything'. One said initial sessions were used to identify issues and build a trusting relationship with the counsellor. Many others described an initial reluctance or scepticism about attending counselling, which had been overcome through the counsellor developing a positive relationship with them. Another described their counsellor as 'personable' and someone who was willing to give them time to get comfortable in their relationship.

The evaluators' observation of consumers in a group session was that clients were relaxed with the staff member facilitating the session and with each other. Reception staff were also observed to be courteous, respectful and caring with consumers. Several consumers commented on the friendly, non-judgemental and caring approach of reception staff.

Many consumers commented on the welcoming and inclusive atmosphere at WHWS, with one saying 'the staff rang me up to see how I was going. I've never had that before. I didn't mean to miss the appointment. They were only concerned about me.'

Consumers attending group sessions also valued the positive relationships they had developed with other group members; with one commenting that it helped them to understand that they were not alone in their concerns and experiences. Another said that the way the group 'was run, it contributed to everyone journeying together'. It also made everyone care about each other in the group, 'it was like a family'.

All stakeholders interviewed were very positive about WHWS's participation and collaboration with other organisations. The evaluation team attended a meeting of the Perinatal and Infant Mental Health Local Reference Group hosted by WHWS and attended by representatives of Centrecare, Department for Child Protection and Family Services, Uniting Care West, Mother Nurture, Communicare, Mission Australia, other government departments and several child health nurses. These meetings are held quarterly to share information, identify service gaps and develop strategies for working together. Guest speakers are invited to present on topics of interest to the group.

The Armadale FSN confirmed WHWS is a partner agency and fully integrated with the network. They described WHWS team members making full use of the network database with case updates, closures and service commencements recorded. The team members also notify the network of any cases in which clients do not engage, fail to attend appointments, or are difficult to contact. This ensures the network has an opportunity to follow up with the family and assist with any engagement issues. When making referrals to WHWS, the network has found that consumers have been contacted promptly and have been able to access counselling services without waiting.

WHWS representatives attend Armadale FSN operations meetings and provide service updates to all partner agencies. The WHWS CEO has presented at operations meetings to provide details of the service and entry criteria to partner agencies.

Richmond Wellbeing also reported working well with WHWS, which they described as a safe place for consumers that engenders trust. They believed that WHWS treated each consumer as a unique individual.

Other stakeholders commented on the good communication between WHWS and themselves, and WHWS's timely and appropriate service provision. One particularly appreciated WHWS's counselling services because there were very few other counselling providers to which they could refer consumers. Another said that feedback from referred consumers indicated that WHWS provided 'an excellent service'.

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Employee Conduct Policy	Includes professional boundaries, conflicts of interest, expected behaviours, requirement for staff to interact with clients, staff and others in a respectful and positive way. Affirms WHWS's commitment to creating a positive environment for clients. Details disciplinary action to be taken if conduct requirements not met.
Triage Form	Ensures staff identify any carer/significant other, whether the consumer wishes the carer to be involved in the care provided and the consumer's preferred level and type of carer involvement. Prompts staff to provide the consumer with the consent to release information form if required.
Referral Form	Asks if the consumer has a carer, whether the consumer would like the carer involved in their care and if so, how.
Referral Policy and Procedure	If the consumer has given their informed consent, WHWS will provide the carer with the consumer's therapeutic care plan; communicate with the carer by phone or letter and/or invite the carer to a counselling session. Requires that all communication with carers is transparent and respects consumer rights.
WHWS website	Includes contact details and information about outreach services hosted by WHWS at its premises, including Thrive carer support group,

NSMHS Compliance:

Standard	Criteria
1. Rights and Responsibilities	1.12
2. Safety	2.8
6. Consumers	
7. Carers	7.2; 7.3; 7.11; 7.13; 7.16
8. Governance, Leadership	8.6; 8.7;

Standard	Criteria
and Management	
9. Integration	9.3; 9.5
10. Delivery of Care 10.4 Assessment and Review 10.5 Treatment and Support 10.6 Exit and Re-Entry	10.4.3; 10.5.12; 10.6.4

3.4 Outcome 4 - Recovery, Learning and Growth

People develop life skills and abilities, and learn ways to recover that builds their confidence, self-esteem and resilience for the future:

- Individuals, families and carers are offered person-centred, holistic supports and services underpinned by recovery principles and practice
- Individuals, families and carers are empowered to develop their strengths, acquire the skills and knowledge they need to progress their personal recovery
- Individuals, families and carers have access to the right information and supports at the right time to help with factors that impact on recovery
- Individuals, families and carers are informed about mental health, recovery and effective supports and strategies that address their needs and aspirations
- Individuals, families and carers experience increased confidence and resilience about their recovery
- An appropriately skilled and resourced workforce, including peer support workers, provide recovery oriented services and supports
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people's recovery, learning and growth

Evaluation Finding:

The organisation addresses this Outcome
The organisation meets the related Standards

Evidence:

Interviews with consumers provided many examples of WHWS's person-centred approach to service provision that consumers reported met their needs and often exceeded their expectations.

Many consumers described counsellors as helping them to explore their own thoughts and emotions and believed that the counsellors 'really heard' them and responded to them as individuals. One consumer looked forward to counselling as it helped them to discover their 'own personal self'. Another said their 'experiences were important and validated'. For this consumer, the information covered during sessions was vital and relevant and assisted greatly in building confidence, self-esteem and resilience for the future. Another said staff acknowledged 'every journey is different' and the staff had 'helped me focus on mine and what is happening'. Another said the counsellor helped them find 'solutions tailored to us and me'. Several consumers and carers who had attended family counselling sessions appreciated staff dealing with each of them as 'an individual'.

Many consumers described being encouraged to identify their skills and strengths and to use these to deal with negative issues. Several said that, with the help of WHWS, they had identified strengths from other areas of their life and learnt to apply these to new areas in order to become more mentally healthy and resilient.

Many consumers reported increased optimism, confidence, hope and resilience because of their experiences at WHWS. One consumer said the service had 'increased [their] optimism for life' and helped them to be 'better in dealing with things'. Another described their growth in understanding their mental illness as 'part of me and it's there. It is not going to go away but I have learnt to manage it, to have a good life'. Another described recovery as 'different seasons in life and coping with them ... It is all a part of me.'

Interviews with staff demonstrated their commitment to a personalised and strengths-based approach, with one staff member describing the service as family-oriented and consumer-led. Staff worked with consumers to identify goals, issues, triggers and capacity for change. Staff ensured the service was provided safely and empowered consumers. One staff member described supporting consumers to identify their goals and ensuring that these were recorded in the consumer's own words. The planning process was helpful in identifying areas to work on and starting an ongoing conversation with the consumer.

Stakeholders described the service as strengths-based, trauma-informed and as working with recovery principles and using person centred care in their approach.

Consumer records did not always reflect the strengths-based, individualised and recovery-oriented service provision which both consumers and staff described.

Some consumer files reflected a strengths-based and personalised approach with consumer strengths such as courage in making life choices, strong core values, strong capacity to reflect and change, and organisational skills being identified and used to build new strengths. Some files also included consumer achievements such as 'exercising a lot lately, building a sense of self-respect and pride' or a record of progress toward goals. However, this was not consistent across all consumer files and was often recorded in notes made by counsellors, which are generally not seen by consumers, rather than in recovery plans.

A review of consumer plans revealed that plans differed widely in their focus on recovery and often did not reflect the consumer as an individual with personal goals. There was little evidence of a strengths-based approach, and the plan template does not encourage a focus on strengths, as it begins with a record of presenting issues and diagnostic scores, before asking consumers to develop goals.

Plans were not completed for all consumers. Many plans recorded the consumer's only goal was to attend counselling sessions, while some plans had no goals recorded. Other plans were fully completed and demonstrated a greater focus on the individual and recovery. Goals in these plans included 'to work through my grief regarding [a major life event]', 'to prioritise self-care and learn relaxation skills/ mindfulness to use daily', 'to be reunited with my [family members]', 'to have acceptance and put the traumas of the past in the past', and 'to develop self-belief and trust that things will work out'.

Consumer records provide little evidence that strategies to achieve goals or progress toward goals are discussed as part of the recovery plan. Some consumer plans show the

Agreed Actions section being used to break down bigger goals into achievable steps such as the consumer agreeing to develop a list of issues they wanted to address. But many plans record the only agreed action as the consumer agreeing to attend counselling sessions while others had no agreed actions.

Several consumers reported that progress toward goals was discussed in counselling sessions and that 'wins' were celebrated. One consumer described their growing sense of self-respect and pride as they achieved their goals. Another appreciated the opportunity to explore their strengths during counselling and to build on these, learning new skills which helped them to gain confidence in facing stressful life situations.

Some consumer files also included discussion of goal achievement in the notes of individual sessions with one counsellor recording that the session had included sharing and consolidating successes. However, this record was only in the counsellor's notes and not in the care plan.

The Plan Template includes spaces for a mid-point and final review of goals. In some plans, these reviews included details of progress toward past goals and the setting of new goals, but in most plans details were scant or lacking.

Some consumers interviewed had little awareness of their plans and several said that while the counselling was very helpful, they didn't find the plan useful. One said they considered the plan to be 'paperwork' and did not find it relevant to their own situation.

During the evaluation, WHWS developed a new Plan Template, after seeking examples of strengths-based and recovery-focussed plans from other service providers and consulting with consumers. See OSI 1.

One of the consumers interviewed had exited the service and described planning for exit with their counsellor. The exit process included a supported referral to another service, consideration of any signs they may become unwell in future, the procedure for re-entry to WHWS's service and contact details for crisis services. Another consumer was nearing the end of their counselling sessions and described planning with their counsellor for exit, by reviewing goals and strategies and deciding on focus areas for the remaining counselling sessions.

Staff described reviewing consumer's progress prior to exit and assessing whether the consumer was able to safely exit. Staff would not exit consumers if this could not be done safely. If the consumer was not able to safely leave the service, the therapist would organise additional counselling sessions in line with the Exit and Re-entry to Services Policy.

Staff ensured that support networks for consumers were in place and they had access to any other needed services. Consumers were provided with emergency contacts in case of crisis.

Consumers and carers understood how they could re-enter the service if needed and described receiving a text message from WHWS that described how they could do so.

While consumers and staff agree that plans are made for exit, current record-keeping practice does not reflect the policy to the extent that no consumer files reviewed included documented exit plans. WHWS has now developed an exit plan template to ensure exit planning is documented. See OSI 2.

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Client Care Plan (old version)	This plan template was in use at the beginning of the evaluation period and was used in consumer records reviewed by the evaluation team. A new template was introduced prior to the end of the evaluation (see Recovery Care Plan Template below). This template includes a space for notes on presenting issues, therapeutic scale scores, agreed goals and agreed actions by consumer, therapist, carer or others. Consumers are asked to sign off on the plan to indicate their agreement with it. The template also provides space for a mid-point review of goals and actions, as well as a final review. A suicide risk assessment, proposed actions and follow-up is included. Guidance is provided to staff on assessment and management of suicide risk as well as a list of contact numbers for crisis, emergency and other supports.
Session Therapy Note Template	This template is used by counsellors to record their therapy notes and includes documentation on presenting issues, discussion, outcomes, action plan and homework.
Organisation Philosophy	This document affirms the organisation's commitment to 'walk beside women and families on their journey to make positive changes as they move closer to being the best possible version of themselves (at this time)'. WHWS's underlying principles are high ethical standards; recognition of consumers as 'their own experts', consumers control and lead the sessions and determine their own goals; and commitment to recovery principles. WHWS believes in and promotes a culture of hope; autonomy and self-determination; collaborative partnerships and meaningful engagement; a focus on strengths; holistic and personalised care; recognition of the significant role of family, carers and support people; community participation; responsiveness to diversity; and self-reflection and learning.
Recovery Care Plan Template (new)	This new plan template was developed during the evaluation period with input from consumers. It includes identification of goals and how WHWS services can help in their achievement; identification of other people and services that could assist; actions the consumer can take; celebration of achievements; and review of goals and strategies.
Exit Plan Template (new)	This Exit Plan Template was developed during the evaluation period. It includes a Relapse Prevention Plan

Title	Comments
	which identifies triggers and protective strategies; guides consumers in implementing skills learnt in counselling sessions; identifies strategies for continued growth; identifies who the plan has been shared with and lists important contact numbers.
Exit and Re-entry to Services Policy	Ensures exit is considered on entry to service through discussion of the 10 counselling sessions offered in the program. Requires the therapist to discuss exit in more detail in the 7 th or 8 th session. Describes processes for ensuring clients only exit the program when it is safe for them to do so and the service's ability to offer additional counselling sessions if required. Ensures referral pathways and support networks are in place prior to exit. Ensures consideration is given to early warning signs of relapse and strategies to address these. Provides for flexi-appointments for counselling sessions to be organised for consumers in need post-exit.

NSMHS Compliance:

Standard	Criteria
2. Safety	2.11
6. Consumers	
7. Carers	7.12
8. Governance, Leadership and Management	8.1; 8.7
10. Delivery of Care 10.1 Supporting Recovery 10.5 Treatment and Support 10.6 Exit and Re-entry	10.1.1; 10.1.3; 10.5.1; 10.5.3; 10.5.7; 10.5.9; 10.5.13; 10.5.14; 10.5.15; 10.5.17; 10.6.1; 10.6.2; 10.6.3; 10.6.5; 10.6.6; 10.6.7; 10.6.8

3.5 Outcome 5 - Rights, Respect, Choice and Control

People are treated with dignity and respect across all aspects of their life and their rights and choices are acknowledged and respected. They have control over their lives and direct their services and supports:

- Individuals, families and carers are aware of their rights and responsibilities, and are treated with respect and dignity
- Individuals, families and carers are actively supported to be involved in all aspects and levels of service planning, delivery and review
- Individuals, families and carers are empowered to explore, choose and make decisions from a full range of opportunities
- Individual diversity (including cultural and spiritual), is recognised and actively supported
- Complaints and concerns, are heard, managed and resolved sensitively, effectively and efficiently by the organisation, in culturally appropriate ways
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal and CALD people to address their rights, respect, choice and control

Evaluation Finding:

The organisation addresses this Outcome
The organisation meets the related Standards

Evidence:

Many consumers reported receiving a statement of their rights and responsibilities on entry to the service. Group session participants said rights and responsibilities were also discussed in the group. All consumers believed their rights had been respected and they had been treated with dignity and respect at all times. Consumers spoke of 'being listened to', 'heard' and 'respected'.

Many consumers also commented on being given choices and always feeling in control. One said the counselling sessions were 'led by me' and staff were 'happy for me to take the lead'. Another knew of 'options to consider in my own time'. Another described service provision as 'open' with 'a lot of space to make my own choices and decisions'. Others said they always felt that they could decide what would be discussed in counselling sessions. 'We wouldn't be forced to talk about anything we didn't want to' and were always treated with respect. Before making decisions, one consumer was always asked by staff 'does that sound like something you could try?' and staff were always respectful of this consumer's decisions and choices especially if they were 'not ready to do so'.

Several consumers spoke of receiving plenty of information about the service and feeling 'empowered' to make choices about service provision. 'I understand counselling so much better now. I really didn't get it before.' Another said they were always provided with information that would allow them to make decisions about the direction of the counselling and to choose what issues would be addressed. Many consumers spoke of 'feeling in control' during counselling sessions.

Staff spoke of the consumer's 'inalienable right to self-determine' and of the counsellor's role in ensuring individuals feel valued. One staff member described their passion to create 'a safe space [for consumers] to think out loud and change', and acknowledged that consumers must be in control of the service they receive, as changes could not be achieved with force.

Many consumers were aware of the process for making a complaint and had received forms for providing feedback or making complaints. An online form for providing feedback is also available on the service's website and a paper version at reception. Group session participants were provided with feedback forms at the end of the sessions and encouraged to give feedback. Several consumers noted that they thought the service was excellent and they had nothing to complain about, but if they did complain they were confident WHWS would resolve any complaint promptly and in a respectful and unbiased way.

While consumers and carers participate in strategic planning and provide feedback on services, there are no opportunities available to them to participate in the development and delivery of services, or to be involved in quality improvement processes. See OSI 4.

WHWS provides carers with an information package, which contains information about carer rights and responsibilities, the Carer's Charter, and information on services for carers.

WHWS is aware that their local community includes many people from CALD and ATSI backgrounds. Information about CALD, ATSI and LGBTI identity was collected on entry to the program.

CALD and ATSI consumers interviewed felt that service provision was appropriate for their cultural background and that the organisation was welcoming and inclusive. One consumer of Aboriginal heritage said the staff were very good and understanding of her cultural and family responsibilities. This consumer preferred to attend a service that was not provided specifically for Aboriginal people because relatives and friends worked in ATSI organisations and the consumer was concerned about confidentiality.

Another consumer who identified as CALD said that staff always checked with them regarding cultural norms. It made this consumer feel as if the counsellor was a little unsure of how to deal with their culture. Another appreciated staff's recognition and understanding of their CALD background and the importance of family members.

Staff said they would 'never assume' but always seek guidance from consumers on cultural norms. One staff member said staff needed to understand culture within the 'family setting and belief system'. For example, for a CALD consumer, staff needed to be sensitive to the 'cultural nuances living a Westernised style'. This staff member would ask consumers 'tell me, what are the cultural constraints living in Australia' and link this information with their background knowledge of that CALD community. Staff have completed training on working with people from CALD backgrounds.

Another staff member described providing a flexible service responsive to a consumer's Aboriginal background in circumstances where cultural taboos impacted on the consumer's capacity to fully participate in group sessions. The consumer and staff member agreed to work through the group material in a one-on-one setting to overcome this difficulty.

Staff also described making referrals to Multicultural Women's Advocacy Service and the Association for Services to Torture and Trauma Survivors, both of which provide outreach services on WHWS premises. Staff have provided resources developed by Living Proud (an LGBTI service) in the WHWS reception area. Staff have completed training on supporting LGBTI consumers.

Prior to the evaluation, WHWS had made it known to consumers and funding bodies that they were unable to provide interpreting services due to a lack of funds for this purpose. Staff were aware that it was not appropriate to ask family or community members to interpret for consumers and while they addressed this by asking referring agencies to provide interpreters, in many cases this had not been possible, so family members were asked to interpret. During the evaluation period, WHWS looked into the provision of interpreters again and found an affordable solution. Referring agencies and consumers have been informed of WHWS's new capacity to provide interpreters for CALD consumers when needed.

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Employee Conduct Policy	Requires staff to be aware of and respect client rights.
Confidentiality, Rights and Responsibilities Statement	Is given to consumers on entry and describes their rights to: confidentiality; be treated with respect, dignity, care and non-discrimination; be provided with a safe environment and a quality service; be involved in treatment planning and decision-making; make complaints; read personal records. The statement also provides a detailed description of the confidentiality obligations of service providers. Consumers are asked to sign the statement and are given a copy.
Supporting Carers and Support People at WHWS Booklet	Provided to carers and support people, this booklet includes a statement of Organisational Philosophy and values; carers' rights; WHWS's role in systemic advocacy for carers; definitions of 'carer' and 'support person'; Confidentiality Policy; description of how WHWS includes carers in circumstances where the consumer has not consented to sharing personal information as well as when they have consented; WHWS services for carers; WA Carers Charter; and support organisations for carers.

NSMHS Compliance:

Standard	Criteria
1. Rights and Responsibilities	1.1; 1.2; 1.3; 1.4; 1.5; 1.7; 1.8; 1.9; 1.10; 1.11; 1.13; 1.14; 1.15; 1.16; 1.17
3. Consumer and Carer Participation	3.1; 3.2; 3.3; 3.4; 3.5; 3.7
4. Diversity Responsiveness	4.1; 4.2; 4.4; 4.5; 4.6;
6. Consumers	
7. Carers	7.1; 7.4; 7.6; 7.7; 7.8; 7.9; 7.10; 7.14; 7.15; 7.17
8. Governance, Leadership and Management	8.4; 8.5; 8.8; 8.9; 8.10; 8.11
10. Delivery of Care 10.1 Supporting Recovery 10.3 Entry 10.5 Treatment and Support	10.1.2; 10.1.4; 10.1.6; 10.1.8; 10.1.10; 10.3.3; 10.3.8; 10.5.4; 10.5.5;

3.6 Outcome 6 - Community Belonging

People are welcomed and have the opportunity to participate and contribute to community life:

- Individuals are actively supported to explore identify with and participate in the community and culture they wish to belong to
- Individuals are actively supported to participate in a range of community activities and events of their choosing
- Individuals are actively supported to acquire the skills, competencies and knowledge to enhance their independence and inclusion in the community
- Individuals are actively supported to pursue activities that promote their personal interests, lifelong learning and well being
- Recognition of family members (including dependents eg elderly/ children) carers and friends as an integral part of the person's community and culture
- The community is welcoming and actively implements strategies to deliberately engage and involve individuals with mental illness, their families and carers to be contributing members
- The community works with partner organisations to advance the valued status of people with mental illness, their families and carers
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people to address their need for community belonging and create opportunities to participate and contribute

Evaluation Finding:

The organisation addresses this Outcome
The organisation meets the related Standards

Evidence:

Many consumers reported being encouraged and supported to become involved in community events and activities. Many had been given information about activities for parents and children. One consumer said their counsellor had given them information about mother and baby groups. This consumer had also found information brochures in the reception area about such groups. Another said they had been given the tools they needed to manage in community settings and had been encouraged 'to do things I wouldn't have done before'. Another consumer said they'd been given information about community groups for when they were ready to socialise.

Many consumers reported that counselling had helped build their confidence to be more independent and become more involved in their local community.

Consumers and carers also described taking part in activities, events and workshops organised by WHWS, including a range of family activities. Many consumers spoke of forming strong relationships with other consumers, with several describing this as a starting point for reconnection with the wider community. One consumer described group sessions as being a 'social outing' as their parental responsibilities gave them few opportunities to get out. 'Meeting other adults and also having a crèche helped.'

Another consumer reported forming 'genuine relationships and not superficial friendships' through their participation in group sessions. Another felt empowered to provide support and information to other group members and 'help build a better community' with the encouragement and support of WHWS staff. Staff also encouraged group members to continue conversations after group sessions had ended. Many consumers spoke of gaining confidence to talk about their mental illness and find others to connect with.

One stakeholder commented that WHWS provided 'a safe place' for consumers to reconnect with the community and consumers who were socially isolated had found WHWS helped them to establish connections with others. Another said that the inclusive and welcoming atmosphere at WHWS ensured consumers 'felt comfortable there'.

All stakeholders interviewed reported that WHWS had strong collaborative partnerships with other organisations. Several stakeholders commented on WHWS's good communication with their organisation, their prompt follow up with referred consumers, and their commitment to working collaboratively.

Staff reported they worked to ensure consumers felt safe and supported to participate in the community. Staff were aware of a wide range of community groups and activities, especially those suitable for parents and children, or for families.

Staff described their role as a partner agency of Armadale FSN as a valuable resource for ensuring they are aware of the full range of services and activities available for consumers. Staff learn about other services and resources through the CEO's participation in Armadale FSN operations meetings and from the FSN database.

WHWS staff have access to internally produced service directories. Other services are invited to give presentations at WHWS staff meetings to raise awareness of their services. Staff also take part in weekly peer supervision sessions where they network with other WHWS staff working on different programs, discuss issues they need support with, and share information about community resources.

Several consumers spoke of their difficulty in accessing services provided during the day due to their commitments to family and employment. One consumer described the benefits the service had brought them when they were at home with a new baby. But when this consumer returned to work they could no longer access WHWS services during business hours and they 'fell into the worst hole when I couldn't come to counselling or classes. I didn't have any support and I felt like the carpet was pulled from under my feet. The centre has a counselling service one night a week. They are very good but they get booked up'. Another consumer found the service was not conveniently set up for working mums and 'that's not particularly relevant in this day and age'. Carers, who are often partners and working, also reported difficulty in attending the service during business hours.

WHWS staff reported that demand for the Thursday evening counselling sessions exceeds WHWS's capacity. WHWS is unable to provide more after-hours services due to the increased staffing and overhead costs.

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Calendar of Events, Website, Facebook page	Promote WHWS activities, events, workshops and programs.
Strategic Plan	Developed with the participation of staff, board, consumers, carers and stakeholders.
Annual Report 2016	Includes consumer views and stories.

NSMHS Compliance:

Standard	Criteria
4. Diversity Responsiveness	4.3
5. Promotion and Prevention	5.3; 5.4
6. Consumers	
7. Carers	7.5
8. Governance, Leadership and Management	8.3
9. Integration	9.1
10. Delivery of Care 10.1 Supporting Recovery 10.2 Access	10.1.5; 10.1.7; 10.1.9; 10.2.1; 10.2.2

4. Check List – Other Issues

Requirements	Documentation checked	Key elements
Storage of consumers' personal information is secure and upholds privacy and confidentiality (7.7; 1.13; 1.14; 8.9)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Review dates for policy / procedure.</i> <input type="checkbox"/> <i>Reference to 2013 Privacy Amendment Act.</i> <input type="checkbox"/> <i>Principles included in policy.</i>
<p>Comment:</p> <p>Clinic and Counselling Services Generic File Management Policy affirms WHWS commitment to respect for consumer privacy and confidentiality and requires staff to provide all consumers with the Privacy Statement, which is to be signed by the consumer. Also provided to the consumer on entry are copies of policies on keeping files for seven years, and consumers' rights to access files on request. Consumers are advised that information collected will be stored in their personal file and password protected in the organisation's database. Information will not be released to third parties without consent except in situations where it has been subpoenaed or the consumer is in danger of harming themselves or others.</p> <p>This policy also requires staff to abide by confidentiality requirements in the collection and storage of consumer information and details procedures for staff to follow, as well as providing guidance to staff on the content and format of consumer notes.</p> <p>While the policy does not specifically refer to the 2013 Privacy Amendment Act or include the privacy principles, it meets the requirements of this legislation.</p> <p>Permission to Release Information Form provides a format for consumers to give permission for their information to be released to a nominated third party.</p> <p>The Confidentiality, Rights and Responsibilities Statement provided to consumers on entry includes a detailed description of WHWS's confidentiality obligations and informs the consumer of their right to access their personal records. The circumstances in which information may be shared with third parties are described.</p> <p>WHWS is currently reviewing all policies and procedures and further review dates are being set as each policy is reviewed.</p>		
Complaints management - including keeping effective records of all complaints made (1.16; 3.2)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<i>Multiple methods of submitting complaints.</i> <input checked="" type="checkbox"/> <i>Accessibility.</i> <input checked="" type="checkbox"/> <i>Decision-making process.</i> <input checked="" type="checkbox"/> <i>Outcome.</i> <input checked="" type="checkbox"/> <i>Feedback to complainant.</i> <input checked="" type="checkbox"/> <i>Timeliness.</i> <input checked="" type="checkbox"/> <i>Examples of service improvement.</i> <input checked="" type="checkbox"/> <i>Sustainability.</i>

Comment:

WHWS's Complaints Policy and Procedure advises consumers that complaints may be made verbally or in writing; complaints may be made to staff, the Therapeutic Manager, CEO, Chairperson/Management Committee or external bodies such as the Mental Health Law Centre or Health Consumers Council. WHWS should consider adding the Health and Disability Services Complaints Office (HaDSCO) to this list. A written acknowledgement of the complaint will be provided to the consumer within 5 days and complaints will be resolved within 30 days. Complaints will be thoroughly investigated, without bias and in line with the principles of natural justice. The CEO is responsible for ensuring that any recommendations arising from complaints are implemented, reviewed and evaluated. Complaints and feedback are considered an opportunity to improve services. Records of complaints are reviewed annually as part of the continuous improvement process.

Individual Risk Management Plans, with review arrangements (this may form part of the individual plan) (2.11; 10.1.6; 10.4.5)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Joint (with consumer) consideration of what will happen when consumer unwell or in crisis.</i> <input checked="" type="checkbox"/> <i>Consideration of precipitating factors.</i> <input checked="" type="checkbox"/> <i>Mitigation strategies.</i> <input checked="" type="checkbox"/> <i>Expected responses of others.</i> <input checked="" type="checkbox"/> <i>Planned interventions.</i> <input checked="" type="checkbox"/> <i>Single point of Care Coordination.</i> <input checked="" type="checkbox"/> <i>Restorative actions.</i>
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Comment:

A triage process undertaken when consumers first contact WHWS includes an assessment of individual risk. Then once consumers enter the program, a suicide risk assessment, proposed actions and follow-up, including record of outcomes for consumer, is included in the Client Care Plan. Guidance is provided to staff on assessment and management of suicide risk as well as a list of contact numbers for crisis, emergency and other supports. A copy of the plan is provided to the consumer. This plan and assessment is reviewed at the mid-point of the program, as well as prior to exit.

The Administrative Procedures for At Risk Clients provides guidance to administration staff in circumstances where consumers contact the organisation in crisis, and includes seeking help from therapists, transfer of calls to suicide or crisis help lines, contacting ambulances or requesting a welfare check from police when appropriate, and debrief.

<p>Staff induction/training arrangements in place for safety awareness (including prevent, minimise and safely respond to aggressive and other difficult behaviours, manual handling) (2.10; 2.6; 10.4.2)</p> <p>Ongoing Training Opportunities for staff (3.3; 7.16)</p>	<p><input checked="" type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Procedure</p>	<p><input type="checkbox"/> <i>Annual training calendar for mandatory training including fire, first aid, manual handling.</i></p> <p><input checked="" type="checkbox"/> <i>How are staff inducted on commencement of employment?</i></p> <p><input checked="" type="checkbox"/> <i>Volunteers included? Students?</i></p> <p><input checked="" type="checkbox"/> <i>Includes managing difficult behaviours?</i></p> <p><input checked="" type="checkbox"/> <i>Process for identifying training opportunities for staff?</i></p> <p><input checked="" type="checkbox"/> <i>Performance Development Review process in place and current?</i></p>
<p>Comment:</p> <p>An OSH PowerPoint viewed by staff, students, volunteers and board members on induction includes worker and employer responsibilities for occupational health and safety, including the employer's responsibility to provide and maintain a safe workplace and its commitment to provide safe work systems; information, training and supervision; consultation and cooperation; and promotion of the safe use of equipment and materials. Information is provided on identifying and reporting hazards, safe use of chemicals, manual handling, emergency evacuation, procedures for at-risk consumers, duress alarm procedure, fire and emergency, and slips, trips and falls. Staff are made familiar with the Workplace Violence and Threats policy and procedure.</p> <p>Performance Appraisal Policy describes how staff are introduced to the performance appraisal system on induction; appraisals are held 3 months, 6 months and 12 months after starting work and then annually. The aim of appraisals includes evaluation of performance, provision of feedback, establishment of goals for employee's skills and competencies, and identification of training needs.</p> <p>The Safe Lifting and Manual Handling and Workplace Aggression and Threats policies inform staff of safe work practices to address these identified risks.</p> <p>WHWS does not have an annual training calendar for mandatory training. The CEO is responsible for ensuring that all staff have adequate training and support. WHWS maintains spreadsheets to track and monitor training undertaken by individual staff. WHWS staff meetings are routinely used to review safety policies and procedures and ensure staff are aware of safe work systems. While staff meetings enabled staff to share information on safe work practices, staff had not recently taken part in more formal training on de-escalation techniques or other safety training relevant to their workplace, apart from first aid and fire safety. See OSI 3.</p>		
<p>Organisational risk identification, management and review process (8.10; 2.13)</p>	<p><input checked="" type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Procedure</p>	<p><input checked="" type="checkbox"/> <i>Organisation wide Risk Register inclusive of local service risks, Risk Management Framework and Plan.</i></p> <p><input checked="" type="checkbox"/> <i>Evidence of regular review of identified risks, matrix analysis, mitigation strategies and re-rating.</i></p> <p><input checked="" type="checkbox"/> <i>Do staff have input into the review process.</i></p> <p><input checked="" type="checkbox"/> <i>How are risks, incidents and near misses</i></p>

		<p><i>reported, documented and managed.</i></p> <p><input checked="" type="checkbox"/> <i>Does the reporting and review of organisational risks occur at the highest level of governance? How?</i></p>
<p>Comment:</p> <p>The Emergency Management and Response Plan includes an organisation-wide identification and analysis of risks as well as mitigation strategies and contingency plans. The plan is reviewed annually with staff input.</p> <p>Hazards, risks, incidents and near misses are recorded on the forms developed for this purpose and once appropriate action has been taken in response, records are collated in a table with hyperlinks to the original reporting forms.</p> <p>The board's Finance and Risk Management Subcommittee receives regular reports and reviews all identified risks.</p>		
<p>Staff safety:</p> <p>Working alone and their access to others at all times (2.9; 2.12)</p> <p>Evacuation in the event of a fire or other danger adverse event (2.6)</p>	<p><input checked="" type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Procedure</p>	<p><input checked="" type="checkbox"/> <i>Occupational Safety and Health policy commitment to provide and maintain a safe workplace (this is a legislative requirement).</i></p> <p><input checked="" type="checkbox"/> <i>Does the policy specifically address sole workers and workers working out of the office?</i></p> <p><input type="checkbox"/> <i>Default alert systems for staff conducting home visits failure to return.</i></p> <p><input checked="" type="checkbox"/> <i>Communication protocols.</i></p> <p><input type="checkbox"/> <i>Transport safety compliances.</i></p> <p><input checked="" type="checkbox"/> <i>Verification of participation in accredited fire safety program and audit processes.</i></p> <p><input checked="" type="checkbox"/> <i>Floor plans, evacuation drills, assembly points, building code compliances.</i></p>
<p>Comment:</p> <p>The Occupational Safety and Health (OSH) Overview Policy and OSH Responsibilities Policy document WHWS's commitment to providing and maintaining a safe workplace. These documents are complemented by a range of safety and health policies and procedures that effectively document a health and safety management system.</p> <p>The Critical Incident Policy provides guidance to staff on preventing and managing critical incidents. Measures include having emergency numbers programmed into phones, use of de-escalation techniques, being aware of potential risks at all times, and seeking help to deal with any incident.</p> <p>The Security Policy describes measures for staff safety, including use of the computerised alarm system, reception panic button and mobile panic button and the requirement that there be a minimum of two staff on the premises at all times. Plans of the office showing all emergency exits are on display.</p> <p>The Fire Safety Program is the responsibility of the landlord, the City of Gosnells, and all fire</p>		

safety program audits and other requirements are conducted by the building management. The City has developed a detailed Evacuation Procedure Manual for tenants. WHWS's Emergency Management and Response plan includes details of emergency and evacuation procedures and the requirement for regular evacuation drills.

Monthly staff meetings include OSH as a standing agenda item. The workplace has an elected Safety and Health Officer.

As a face-to-face counselling service, all work is undertaken in the office and WHWS workers do not make home visits or meet consumers outside the office. WHWS do not transport consumers.

Managing verbal and physical violence (2.10)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Policies, procedures and training for incident notification, response, de-escalation and reporting.</i> <input checked="" type="checkbox"/> <i>Check physical mechanisms for reducing physical threats to front-line staff.</i> <input checked="" type="checkbox"/> <i>Seclusion and restriction of movement (Restraint) practices are not applicable or appropriate in CMO service settings – please take note if any such policies/practices are in place.</i>
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Comment:

The Workplace Violence and Threats policy and procedure provides guidance to staff on identifying, avoiding, de-escalating and dealing with verbal and physical violence. Measures including calming or de-escalation techniques, use of alarm buttons, and calling police. The policy identifies higher risk work areas and roles. Staff are required to report incidents.

WHWS restricts entry to the office by means of a locked gate at reception, which must be activated by reception staff to allow consumers or visitors to enter. A button at the reception desk is also available to lock and unlock the front door if required, as an additional security measure. Reception staff are shielded by the front desk and are within the line of sight of other staff.

Staff awareness of safety, critical incident and notifiable incident policies, safety measures, de-escalation techniques and reporting requirements is ensured by regular reviews of the policy at staff meetings. While staff demonstrated awareness and understanding of the policy, they had not recently taken part in training addressing the risk of verbal and physical violence. See OSI 3.

Safe transportation of consumers	<input type="checkbox"/> Policy <input type="checkbox"/> Procedure	<input type="checkbox"/> <i>Requirements for private (staff, volunteers) vehicles to be registered, roadworthy and have regular services and safety checks. Audit process in place. Comprehensive insurance may also be required for organisational risk management purposes.</i> <input type="checkbox"/> <i>Requirement for drivers to have current drivers licence.</i> <input type="checkbox"/> <i>Pooled vehicles to be registered, roadworthy and have regular servicing and safety check regimen in place.</i>
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Comment:		
<p>WHWS does not have pool vehicles or allow staff to use their private vehicles for work purposes.</p> <p>The Security Policy confirms that staff will not transport consumers in their personal vehicles under any circumstances.</p>		
Hygiene, infection control and safe food handling (as appropriate to the type of service being provided) (2.12)		<input checked="" type="checkbox"/> <i>No requirement to report unless Evaluation Team wishes to feedback unhygienic practices or premises.</i> <i>NB Food handling compliance in residential facilities is subject to assessment by LARU.</i>
Comment: N/A		
Reporting and management of Notifiable Incidents (8.8)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Sentinel event policy and procedures addressing event classification, notification, reporting to MHC, investigation (root cause analysis) and action plan.</i> <input checked="" type="checkbox"/> <i>Check history of serious incidents and how these events were handled. Is action consistent with the policy and MHC requirements?</i>
Comment:		
<p>Notifiable Incidents Policy defines events which must be notified to MHC and provides examples of such events.</p> <p>The Critical Incidents Policy includes procedures for investigation of incident and development of action plan.</p> <p>WHWS has no history of notifiable incidents.</p>		
Staff, consumers, family/carers receive critical incident debriefings after exposure to traumatic incidents (2.12; 7.13)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Inclusion of debriefing as part of policy.</i> <input checked="" type="checkbox"/> <i>Evidence of agreements in place with external provider to provide debriefing to people affected.</i>
Comment:		
<p>The Critical Incidents Policy includes a requirement for debriefing of all those involved in an incident, including staff, consumers, carers and family. Support and counselling is also offered to all those involved.</p> <p>WHWS has an Employee Assistance Program.</p>		
Strategic plan – this should incorporate needs analysis, resource planning and service evaluation (this should be developed with	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>A current organisational level Strategic Plan and operational business plans relating to the business unit directly?</i> <input checked="" type="checkbox"/> <i>Evidence of review of progress on achieving objectives.</i>

the participation of staff, stakeholders, consumers, family/carers) (8.3)		
<p>Comment:</p> <p>In April 2016, WHWS developed a one-year strategic plan. Later this year, a new plan with a two-year focus and a five-year outlook will be developed.</p> <p>The plan includes an analysis of WHWS’s current circumstances, risks, resources and services. A range of strategies and activities aim to improve the organisation’s financial security, effectiveness of service delivery, consumer access, stakeholder partnerships, growth, governance and management. WHWS also plans to develop an outcomes measurement system.</p> <p>Expected outputs/outcomes provide achievable and clear measures of progress. The CEO reports regularly to the board on progress toward meeting goals.</p> <p>Staff, consumers, external stakeholders and the board participated in the development of the strategic plan.</p> <p>The Management Committee Policy and Role Distribution document confirm the board’s responsibility for ensuring the organisation sets clear goals and develops the Strategic Plan.</p>		
Organisational governance - including constitution, meeting procedure (including declaration of conflicts of interest) documented roles and responsibilities of the Board, Board Directors and Chief Executive	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Governing body requirements documented in a Board Constitution or Rules.</i> <input checked="" type="checkbox"/> <i>Constitution or Rules should specify the roles and responsibilities of the CEO, Board Directors, Office Bearers, board composition and terms of appointment, meeting frequency and procedure including requirement to declare actual or perceived conflicts of interest.</i> <input checked="" type="checkbox"/> <i>Confirm standing items are actually a part of the agenda – eg conflict of interest declaration.</i>
<p>Comment:</p> <p>The Constitution (Rules) documents governing body requirements and roles.</p> <p>The Roles for Management Committee Members Policy describes the roles of chair, treasurer, secretary as well as committee responsibilities for employment of CEO. Each committee member signs off on a Terms of Agreement form accepting their responsibilities and declaring that they are not an undischarged bankrupt or convicted of relevant offences such as fraud or dishonesty. The form also contains a commitment not to misuse their position or any confidential information.</p> <p>Each committee member also signs a declaration of confidentiality and privacy, confirming they have read and agree to abide by the WHWS Privacy and Confidentiality Policy and Procedure.</p> <p>Declaration of any conflict of interest is a standing agenda item and is included at all</p>		

Management Committee meetings.		
Code of Conduct (1.5)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Evidence of staff acknowledgement of receipt of Code of Conduct at time of employment commencement.</i> <input checked="" type="checkbox"/> <i>How are breaches processed?</i> <input checked="" type="checkbox"/> <i>Does it include volunteers, students?</i>
<p>Comment:</p> <p>Employee Conduct Policy includes requirements for professional conduct, including respect for client rights, working in accordance with professional ethics codes and a clear understanding of professional boundaries. It provides details of expected behaviours, as well as unacceptable behaviour and affirms WHWS's commitment to creating a positive environment for clients by ensuring staff interaction with clients is positive and respectful. Details of disciplinary actions to be taken if expected standards are not met are outlined. Staff indicate electronically that they have read the Code and agree to abide by it.</p> <p>Staff, volunteers, students and committee members must sign off on having read and understood the Code of Conduct when they begin work and confirm their commitment to meet its requirements.</p>		
Supervision, Performance and Development, including clinical supervision (8.7)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Evidence of regular line and discipline specific (if relevant) supervision process and practice.</i> <input checked="" type="checkbox"/> <i>Scope of practice statement.</i> <input checked="" type="checkbox"/> <i>Registration compliance in place for all regulated positions (if relevant).</i>
<p>Comment:</p> <p>The Professional Development Policy affirms WHWS commitment to providing professional development opportunities to all staff and board members. The policy includes a requirement that all counselling staff are provided with clinical supervision to monitor their performance, encourage skill development and ensure therapists' wellbeing is supported. Weekly peer debriefing and monthly therapeutic team meetings are also held.</p> <p>WHWS counsellors must be eligible for registration with a peak body and WHWS maintains a database that records professional development and supervision undertaken by staff to meet this requirement.</p> <p>An examination of staff files confirmed that regular supervision and professional development (both internal and external) is undertaken by staff.</p>		
Probity Checks (National Criminal History Check, WA Working with Children Check) completed in accordance with policy; assessment process for review of prior convictions;	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Evidence of all staff and volunteers having received a positive criminal history clearance prior to commencing employment.</i> <input checked="" type="checkbox"/> <i>All clearances to be current (renewable three yearly is best practice).</i> <input checked="" type="checkbox"/> <i>Policy or procedure must detail process for</i>

renewal compliance) (1.2; 8.4)		<p><i>consideration of exemption according to conviction type and circumstances.</i></p> <p><input checked="" type="checkbox"/> <i>Prescribed offences must be clearly identified in the policy.</i></p> <p><input checked="" type="checkbox"/> <i>Evidence of decision-making at appropriate level where exemption granted.</i></p>
<p>Comment:</p> <p>The Conditions of Employment document requires all workers to have a police clearance certificate, which is to be renewed every three years. If a conviction is recorded, the Management Committee is to decide whether the worker is suitable to be employed or to continue in employment. Guidance is provided to staff and the Management Committee by means of a flow chart, which details different types of offences, including prescribed offences. Where a conviction has been recorded, recruitment or ongoing employment will be determined by the committee according to the conviction type and circumstances of the offence and of the employee's work role.</p> <p>Examination of staff files showed that all staff have current clearances. WHWS maintains a spreadsheet recording checks obtained and renewal dates. An automatic reminder is sent to the responsible staff member when renewal dates are near.</p>		
Quality improvement and evaluation processes – this should include consumer and carer feedback, complaints, critical incidents (3.1; 8.11)	<input type="checkbox"/> Policy <input type="checkbox"/> Procedure	<input type="checkbox"/> <i>Evidence of quality improvement projects and activities that have been undertaken resulting in a sustained improvement.</i> <input type="checkbox"/> <i>Evidence of consumer involvement in the whole process – from identification of an issue to improved outcome, evaluation and review.</i>
<p>Comment:</p> <p>WHWS collates all complaints, feedback and critical incident reports and a report is prepared by the CEO for review by the Management Committee every six months. In addition, results of all feedback surveys by consumers are provided to the Committee every six months. Feedback is also sought from staff once each term at a staff meeting. WHWS also collates and tracks Edinburgh Postnatal Depression Scores pre- and post-service delivery to measure and track outcomes for consumers.</p> <p>This practice is not guided by a policy or procedures but evidence of Management Committee agendas and CEO reports show that it is consistently implemented. There is no evidence of consumers being involved in reviews beyond their engagement in surveys, feedback and complaints. See OSI 4.</p>		
<p>Accessibility to the service is clearly documented and advertised as appropriate to the needs of the catchment community (10.3.1; 10.2.1; 10.1.10)</p> <p>Service eligibility,</p>	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Publications which clearly identify the services offered, how they can be accessed and contact details relating to the specific service or the organisation as a whole.</i> <input checked="" type="checkbox"/> <i>Information must be available in a manner consistent with the cultural and demographic needs of the community.</i> <input checked="" type="checkbox"/> <i>Check policy and procedure for service</i>

assessment and priority of access (10.2.1; 10.3.1; 4.6)		<p><i>entry and referral.</i></p> <p><input checked="" type="checkbox"/> <i>Consumer level information must be available identifying eligibility requirements and the process through which services are provided.</i></p>
<p>Comment:</p> <p>The Counselling Services Eligibility Policy and Procedure defines eligibility requirements in line with WHWS's service provision of counselling offered at set appointment times. The key criterion is that consumers must be able to emotionally support themselves and keep themselves safe in between weekly or fortnightly appointments. Consequently, WHWS is not able to assist consumers who are in immediate crisis or experiencing severe mental ill-health unless they are also under the care of a psychiatrist. The policy also provides guidance to staff on appropriate referrals for consumers who are not eligible for WHWS services.</p> <p>Information about eligibility and access is available to consumers on the service website and is also provided by staff upon first contact with the consumer.</p> <p>Information about group sessions is provided in a regular Calendar of Events available from the service or the website. The Therapeutic Fees and Rebates leaflet provides information on fees for counselling and advises consumers that fees will be calculated on their ability to pay and that no person will be refused access to services based on their capacity to pay.</p> <p>Many consumers and carers had employment and family responsibilities and would appreciate more after-hours services. They said that the Thursday evening sessions run by WHWS were much appreciated but were in high demand and difficult to get into. WHWS is prevented from offering more after-hours services due to a lack of funding to cover additional staff costs and overheads.</p> <p>Several consumers who attended group sessions appreciated the availability of a crèche which made the service more accessible for them.</p>		
<p>Information is available on how consumers can access emergency after-hours care and support (10.2.3)</p> <p>Referral process (for both consumers and carers) including follow up (10.3.3)</p>	<p><input checked="" type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Procedure</p>	<p><input checked="" type="checkbox"/> <i>Afterhours contact details for the service and/or alternative services in the event of urgency or crisis.</i></p> <p><input checked="" type="checkbox"/> <i>Check brochures, website, recorded after-hours telephone answering recording.</i></p> <p><input checked="" type="checkbox"/> <i>Check policy and procedure for indicators of referrals are prioritised according to identified urgency, risk, safety or dysfunction.</i></p>
<p>Comment:</p> <p>WHWS does not provide crisis services. The website and telephone answer message both provide contact details for crisis services. A message is automatically sent to Facebook contacts with instructions on how to contact WHWS and crisis service providers. A text message is routinely sent to consumers on entry to the service advising them to contact crisis services if needed. The triage form prompts staff to refer consumers to crisis services if needed.</p> <p>The Service Eligibility, Assessment and Priority of Access policy and procedure outlines</p>		

WHWS's commitment to a consistent and equitable entry process that is sensitive to cultural diversity, mental health status and other factors impacting the consumer. Vulnerable and disadvantaged consumers are prioritised for MHC funded services. If a consumer is assessed as being at high risk, WHWS will provide priority access by offering a priority initial assessment and counselling session if possible and supported referral to other services as appropriate. All high-risk consumer cases are taken to the management team for further assessment.

The Referral Policy and Procedure includes processes for ensuring information about consumer entry, and where appropriate progress, within the service is provided to referring agencies, if the consumer consents.

Exit and re-entry to services (2.11; 10.6.3; 10.6.7)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Evidence that service exit and re-entry is considered as part of the initial care plan and subsequent care plan review process.</i>
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Comment:

Staff and consumers both described exit planning as a core part of service delivery. Consumers described being supported to prepare for exit, of being supported to access other services prior to exit, and of considering signs that they may be becoming unwell and how they and others should respond to this. Several consumers noted they were asked what issues they would like to address and that, as the counselling sessions were drawing to an end, they'd been asked to plan what they would like to cover in the remaining sessions. Consumers and carers also understood how they could re-enter the service if needed and described receiving a text message from WHWS that described how they could do so.

Staff routinely send the following text to consumers after exit:

Finished sessions:

Hi >>, Thank you for accessing services at WHWS. While your sessions with WHWS have come to an end please remember that you are always welcome to recontact WHWS to go back on our waiting list if you feel you need support at any time, we also discussed flexi appointments which are available for previous clients who may need a one off appointment. Please don't hesitate to contact WHWS on 94902258 to go back on the waitlist or for flexi appointments.

Staff described discussions with consumers on entry about the parameters of the service, to ensure that consumers understood the service provided consisted of 10 counselling sessions. When conducting the mid-point care plan review (usually during the fifth session), staff said they began to discuss exit plans in more detail. The last counselling session was usually dedicated to reviewing the outcomes of service provision and future plans. WHWS also extends the number of sessions offered to consumers who are identified as not being able to safely exit the service.

WHWS follows up with past consumers by sending surveys, at 6 months and 12 months post-exit, that ask consumers to consider their current level of wellbeing and describe any long-term benefits from the service they have received. Consumers are also reminded at these times that they are welcome to contact WHWS at any time to seek further help.

The Exit and Re-Entry to Services policy and procedure ensures staff inform consumers during triage and again during their first counselling sessions that services are generally limited to 10 counselling sessions. Regarding exit planning, the policy states: 'During the 7th or 8th session the therapist will discuss with the client how they will exit the service and referral pathways and options that are available to them. At this point if the therapist believes it to be unethical to exit the client from the service then they will present that at the therapeutic meeting and an additional 3 sessions can be allocated. This can be reviewed as many times as the therapist deems

necessary.'

The policy defines a successful exit as one where: a final Care Plan has been completed and signed by consumer and therapist; all referral pathways and supporting documentation are in place, in line with consumer needs; support networks, including family, friends and community, are in place; and an exit plan has been developed, including early warning signs of relapse and strategies to address these.

While consumers and staff agree that plans are made for exit and policy requires exit plans and risk assessments prior to exit, current practice does not reflect the policy to the extent that no consumer files reviewed included documented exit plans, risk assessments prior to exit, or relapse prevention strategies. WHWS has now developed, and is currently implementing, an exit plan template to reflect and support current policy and practice. See OSI 2.

Appendix 1: Look-up Table – MHC Outcomes and NSMHS

Outcome 1 - Health, Wellbeing and Recovery

Standard	Criteria
2. Safety	<p>2.3 The MHS assesses and minimises the risk of deliberate self-harm and suicide within all MHS Settings.</p> <p>2.6 The MHS meets their legal occupational health and safety obligations to provide a safe workplace and environment.</p> <p>2.9 The MHS conducts a risk assessment of staff working conditions and has documented procedures to manage and mitigate identified risks.</p> <p>2.10 Staff are regularly trained to, wherever possible, prevent, minimise and safely respond to aggressive and other difficult behaviours.</p> <p>2.12 The MHS conducts regular reviews of safety in all MHS settings, including an environmental appraisal for safety to minimise risk for consumers, carers, families, visitors and staff.</p> <p>2.13 The MHS has a formal process for identification, mitigation, resolution (where possible) and review of any safety issues.</p>
5. Promotion and Prevention	<p>5.1 The MHS develops strategies appropriate to the needs of its community to promote mental health and address early identification and prevention of mental health problems and/or mental illness that are responsive to the needs of its community, by establishing and sustaining partnerships with consumers, carers, other service providers and relevant stakeholders.</p> <p>5.2 The MHS develops implementation plans to undertake promotion and prevention activities, which include the prioritisation of the needs of its community and the identification of resources required for implementation, in consultation with their partners.</p> <p>5.5 The MHS identifies a person who is accountable for developing, implementing and evaluating promotion and prevention activities.</p> <p>5.6 The MHS ensures that their workforce is adequately trained in the principles of mental health promotion and prevention and their applicability to the specialised mental health service context with appropriate support provided to implement mental health promotion and prevention activities.</p>
6. Consumers	
8. Governance	<p>8.2 The MHS has processes to ensure accountability for developing strategies to promote mental health and address early identification and prevention of mental health problems and/or mental illness.</p>
9. Integration	<p>9.2 The MHS has formal processes to support and sustain interdisciplinary care teams.</p>

	<p>9.4 The MHS establishes links with the consumers' nominated primary health care provider and has procedures to facilitate and review internal and external referral processes.</p>
<p>10. Delivery of Care</p>	<p>10.2.3 The MHS makes provision for consumers to access acute services 24 hours per day by either providing the service itself or information about how to access such care from a 24/7 public mental health service or alternate mental health service.</p> <p>10.2.4 The MHS, wherever possible, is located to provide ease of physical access with special attention being given to those people with physical disabilities and / or reliance on public transport.</p> <p>10.3.1 The MHS has a written description of its entry process, inclusion and exclusion criteria and means of facilitating access to alternative care for people not accepted by the service.</p> <p>10.3.2 The MHS makes known its entry process, inclusion and exclusion criteria to consumers, carers, other service providers, and relevant stakeholders including police, ambulance services and emergency departments</p> <p>10.3.4 The entry process to the MHS is a defined pathway with service specific entry points that meet the needs of the consumer, their carer(s) and its community that are complementary to any existing generic health or welfare intake systems.</p> <p>10.3.5 Entry to the MHS minimises delay and the need for duplication in assessment, treatment, care and recovery planning and care delivery.</p> <p>10.4.1 Assessments conducted and diagnoses made are evidence-based and use accepted methods and tools, as well as internationally accepted disease classification systems.</p> <p>10.4.2 Assessments are conducted during the consumer's first contact with the MHS by appropriately qualified staff experienced and trained in assessing mental health problems, and where possible in a consumer's preferred setting with consideration of safety for all involved.</p> <p>10.4.4 The MHS actively plans as early as possible in the course of psychiatric inpatient admission, for the discharge of the consumer from inpatient care.</p> <p>10.4.5 The MHS conducts a review of a consumer's treatment, care and recovery plan when the consumer:</p> <ul style="list-style-type: none"> • requests a review • declines treatment and support • is at significant risk of injury to themselves or another person • receives involuntary treatment or is removed from an involuntary order • is transferred between service sites • is going to exit the MHS • is observed through monitoring of their outcomes (satisfaction with service,

	<p>measure of quality of life, measure of functioning) to be in decline.</p> <p>10.4.6 The MHS conducts assessment and review of the consumer's treatment, care and recovery plan, whether involuntary or voluntary, at least every three months (if not previously required for reasons stated in criteria 10.4.5 above).</p> <p>10.4.7 The MHS has a procedure for appropriate follow-up of those who decline to participate in an assessment.</p> <p>10.4.8 There is a current individual interdisciplinary treatment, care and recovery plan, which is developed in consultation with and regularly reviewed with the consumer, and with the consumer's informed consent, their carer(s) and the treatment care and recovery plan is available to both of them.</p> <p>10.5.2 Treatment and services provided by the MHS are responsive to the changing needs of consumers during their episodes of care that address acute needs, promote rehabilitation and support recovery.</p> <p>10.5.11 The treatment and support provided by the MHS is developed and evaluated collaboratively with the consumer and their carer(s). This is documented in the current individual treatment, care and recovery plan.</p>
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Outcome 2 – A Home and Financial Security

Standard	Criteria
2. Safety	2.1 The MHS promotes the optimal safety and wellbeing of the consumer in all mental health settings and ensures that the consumer is protected from abuse and exploitation.
3. Consumer and Carer Participation	3.6 The MHS employs consumers and carers, the MHS is responsible for ensuring mentoring and supervision is provided.
6. Consumers	
10. Delivery of Care	10.5.16 The MHS endeavours to provide access to a range of accommodation and support options that meet the needs of the consumer and gives the consumer the opportunity to choose between these options.

Outcome 3 – Relationships

Standard	Criteria
1. Rights and Responsibilities	1.12 The MHS upholds the right of carers to be involved in the management of the consumer's care with the consumer's informed consent.
2. Safety	2.8 The MHS can demonstrate investment in adequate staffing and

	resources for the safe delivery of care.
6. Consumers	
7. Carers	<p>7.2 The MHS implements and maintains ongoing engagement with carers as partners in the delivery of care as soon as possible in all episodes of care.</p> <p>7.3 In circumstances where a consumer refuses to nominate their carer(s), the MHS reviews this status at regular intervals during the episode of care in accordance with Commonwealth and state / territory jurisdictional and legislative requirements.</p> <p>7.11 The MHS actively encourages routine identification of carers in the development of relapse prevention plans.</p> <p>7.13 The MHS provides information about and facilitates access to services that maximise the wellbeing of carers.</p> <p>7.16 The MHS provides training to staff to develop skills and competencies for working with carers.</p>
8. Governance, Leadership and Management	8.6 The recruitment and selection process of the MHS ensures that staff have the skills and capability to perform the duties required of them.
9. Integration	<p>9.3 The MHS facilitates continuity of integrated care across programs, sites and other related services with appropriate communication, documentation and evaluation to meet the identified needs of consumers and carers.</p> <p>9.5 The MHS has formal processes to develop inter-agency and intersectoral links and collaboration.</p>
10. Delivery of Care	<p>10.4.3 The MHS, with the consumer's informed consent includes carers, other service providers and others nominated by the consumer in assessment.</p> <p>10.5.12 The MHS facilitates access to an appropriate range of agencies, programs, and/ or interventions to meet the consumer's needs for leisure, relationships, recreation, education, training, work, accommodation and employment in settings appropriate to the individual consumer.</p> <p>10.6.4 The consumer and their carer(s) and other service providers are involved in developing the exit plan. Copies of the exit plan are made available to the consumer and with the consumers' informed consent, their carer(s).</p>

Outcome 4 – Recovery, Learning and Growth

Standard	Criteria
2. Safety	2.11 The MHS conducts risk assessment of consumers throughout all stages of the care continuum, including consumers who are being formally discharged from the service, exiting the service temporarily and / or are transferred to another service
6. Consumers	
7. Carers	7.12 The MHS engages carers in discharge planning involving crisis management and continuing care prior to discharge from all episodes of care.
8. Governance, Leadership and Management	<p>8.1 The governance of the MHS ensures that its services are integrated and coordinated with other services to optimise continuity of effective care for its consumers and carers.</p> <p>8.7 Staff are appropriately trained, developed and supported to safely perform the duties required of them.</p>
10. Delivery of Care	<p>10.1.1 The MHS actively supports and promotes recovery oriented values and principles in its policies and practices.</p> <p>10.1.3 The MHS recognises the lived experience of consumers and carers and supports their personal resourcefulness, individuality, strengths and abilities</p> <p>10.5.1 Treatment and support provided by the MHS reflects best available evidence and emphasises early intervention and positive outcomes for consumers and their carer(s).</p> <p>10.5.3 The MHS is responsible for providing the consumer and their carer(s) with information on the range and implications of available therapies.</p> <p>10.5.7 The MHS actively promotes adherence to evidenced based treatments through negotiation and the provision of understandable information to the consumer.</p> <p>10.5.9 The MHS ensures that there is continuity of care or appropriate referral and transfer between inpatient, outpatient, day patient, community settings and other health / support services.</p> <p>10.5.13 The MHS supports and/or provides information regarding self-care programs that can enable the consumer to develop or re-develop the competence to meet their everyday living needs.</p> <p>10.5.14 The setting for the learning or the re-learning of self-care activities is the most familiar and/or the most appropriate for the skills acquired.</p> <p>10.5.15 Information on self-care programs or interventions is provided to</p>

	<p>consumers and their carer(s) in a way that is understandable to them.</p> <p>10.5.17 The MHS promotes access to vocational support systems, education and employment programs</p> <p>10.6.1 The MHS ensures that on exiting the service the consumer has access to services that promote recovery and aim to minimise psychiatric disability and prevent relapse.</p> <p>10.6.2 The consumer and their carer(s) are provided with understandable information on the range of relevant services and support available in the community.</p> <p>10.6.3 The MHS has a process to commence development of an exit plan at the time the consumer enters the service.</p> <p>10.6.5 The MHS provides consumers, their carers and other service providers involved in follow-up with information on the process for re-entering the MHS if required.</p> <p>10.6.6 The MHS ensures ease of access for consumers re-entering the MHS.</p> <p>10.6.7 Staff review the outcomes of treatment and support as well as ongoing follow-up arrangements for each consumer prior to their exit from the MHS.</p> <p>10.6.8 The MHS, in conjunction with the treating clinician, has a procedure for appropriate follow-up of all consumers within 7 days after discharge from inpatient care wherever possible, and has a follow-up procedure for those consumers who do not keep the planned follow-up arrangements.</p>
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Outcome 5 - Rights, Respect, Choice and Control

Standard	Criteria
1. Rights and Responsibilities	<p>1.1 MHS upholds the right of the consumer to be treated with respect and dignity at all times.</p> <p>1.2 All care is delivered in accordance with relevant Commonwealth, state / territory mental health legislation and related Acts.</p> <p>1.3 All care delivered is subject to the informed consent of the voluntary consumer in accordance with Commonwealth and state/territory jurisdictional and legislative requirements.</p> <p>1.4 The MHS provides consumers and their carers with a written statement, together with a verbal explanation of their rights and responsibilities, in a way that is understandable to them as soon as possible after entering the MHS and at regular intervals throughout their care.</p>

	<p>1.5 Staff and volunteers are provided with a written statement of the rights and responsibilities of consumers and carers, together with a written code of conduct as part of their induction to the MHS</p> <p>1.7 The MHS upholds the right of the consumer to have their needs understood in a way that is meaningful to them and appropriate services are engaged when required to support this</p> <p>1.8 The MHS upholds the right of the consumer to have their privacy and confidentiality recognised and maintained to the extent that it does not impose serious risk to the consumer or others.</p> <p>1.9 The MHS upholds the right of the consumer to be treated in the least restrictive environment to the extent that it does not impose serious risk to the consumer or others.</p> <p>1.10 The MHS upholds the right of the consumer to be involved in all aspects of their treatment, care and recovery planning</p> <p>1.11 The MHS upholds the right of the consumer to nominate if they wish to have (or not to have) others involved in their care to the extent that it does not impose serious risk to the consumer or others.</p> <p>1.13 The MHS upholds the right of consumers to have access to their own health records in accordance with relevant Commonwealth, state / territory legislation</p> <p>1.14 The MHS enacts policy and procedures to ensure that personal and health related information is handled in accordance with Commonwealth, state / territory privacy legislation when personal information is communicated to health professionals outside the MHS, carers or other relevant agencies</p> <p>1.15 The MHS upholds the right of the consumer to access advocacy and support services.</p> <p>1.16 The MHS upholds the right of the consumer to express compliments, complaints and grievances regarding their care and to have them addressed by the MHS.</p> <p>1.17 The MHS upholds the right of the consumer, wherever possible, to access a staff member of their own gender.</p>
<p>3. Consumer and Carer Participation</p>	<p>3.1 The MHS has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs.</p> <p>3.2 The MHS upholds the right of the consumer and their carer(s) to have their needs and feedback taken into account in the planning, delivery and evaluation of services.</p> <p>3.3 The MHS provides training and support for consumers, carers and staff, which maximise consumer and carer(s) representation and</p>

	<p>participation in the MHS.</p> <p>3.4 Consumers and carers have the right to independently determine who will represent their views to the MHS.</p> <p>3.5 The MHS provides ongoing training and support to consumers and carers who are involved in formal advocacy and/or support roles within the MHS.</p> <p>3.7 The MHS has policies and procedures to assist consumers and carers to the relevant committees, including payment (direct or in-kind) and/or reimbursement of expenses when formally engaged in activities undertaken for the MHS.</p>
4. Diversity Responsiveness	<p>4.1 The MHS identifies the diverse groups (Aboriginal and Torres Strait Islander, Culturally And Linguistically Diverse (CALD), religious/spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age and socio-economic status) that access the service.</p> <p>4.2 The MHS whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff.</p> <p>4.4 The MHS has demonstrated knowledge of and engagement with other service providers or organisations with diversity expertise/programs relevant to the unique needs of its community.</p> <p>4.5 Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers.</p> <p>4.6 The MHS addresses issues associated with prejudice, bias and discrimination in regards to its own staff to ensure non-discriminatory practices and equitable access to services.</p>
6. Consumers	
7. Carers	<p>7.1 The MHS has clear policies and service delivery protocols to enable staff to effectively identify carers as soon as possible in all episodes of care, and this is recorded and prominently displayed within the consumer's health record.</p> <p>7.4 The MHS provides carers with a written statement, together with a verbal explanation of their rights and responsibilities in a way that is understandable to them as soon as possible after engaging with the MHS.</p> <p>7.6 The MHS considers the special needs of children and aged persons as carers and makes appropriate arrangements for their support.</p> <p>7.7 The MHS has documented policies and procedures for clinical practice in accordance with Commonwealth, state / territory privacy legislation and guidelines that address the issue of sharing confidential information with carers.</p>

	<p>7.8 The MHS ensures information regarding identified carers is accurately recorded in the consumer's health record and reviewed on a regular basis.</p> <p>7.9 The MHS provides carers with non-personal information about the consumer's mental health condition, treatment, ongoing care and if applicable, rehabilitation.</p> <p>7.10 The MHS actively seeks information from carers in relation to the consumer's condition during assessment, treatment and ongoing care and records that information in the consumer's health record.</p> <p>7.14 The MHS actively seeks participation of carers in the policy development, planning, delivery and evaluation of services to optimise outcomes for consumers.</p> <p>7.15 The MHS provides ongoing training and support to carers who participate in representational and advocacy roles.</p> <p>7.17 The MHS has documented policies and procedures for working with carers.</p>
<p>8. Governance, Leadership and Management</p>	<p>8.4 The MHS has processes in place to ensure compliance with relevant Commonwealth, state / territory mental health legislation and related Acts</p> <p>8.5 Identified resources are allocated to support the documented priorities of the MHS</p> <p>8.8 The MHS has a policy and process to support staff during and after critical incidents.</p> <p>8.9 The MHS manages and maintains an information system that facilitates the appropriate collection, use, storage, transmission and analysis of data to enable review of services and outcomes at an individual consumer and MHS level in accordance with Commonwealth, state / territory legislation and related Acts.</p> <p>8.10 The MHS has an integrated risk management policy and practices to identify, evaluate, monitor, manage and communicate organisational and clinical risks.</p> <p>8.11 The MHS has a formal quality improvement program incorporating evaluation of its services that result in changes to improve practice.</p>
<p>10. Delivery of Care</p>	<p>10.1.2 The MHS treats consumers and carers with respect and dignity.</p> <p>10.1.4 The MHS encourages and supports the self-determination and autonomy of consumers and carers.</p> <p>10.1.6 The MHS provides education that supports consumer and carer participation in goal setting, treatment, care and recovery planning, including the development of advance directives.</p> <p>10.1.8 The MHS demonstrates systems and processes for consumer and carer participation in the development, delivery and evaluation of the</p>

	<p>services</p> <p>10.1.10 The MHS provides access for consumers and their carer(s) to a range of carer-inclusive approaches to service delivery and support.</p> <p>10.3.3 The MHS has a documented system for prioritising referrals according to risk, urgency, distress, dysfunction and disability with timely advice and / or response to all those referred, at the time of assessment.</p> <p>10.3.8 The MHS ensures that a consumer and their carer(s) are able to identify a nominated person responsible for coordinating their care and informing them about any changes in the care management.</p> <p>10.5.4 Any participation of the consumer in clinical trials and experimental treatments is subject to the informed consent of the consumer.</p> <p>10.5.5 The MHS provides the least restrictive and most appropriate treatment and support possible. Consideration is given to the consumer's needs and preferences, the demands on carers, and the availability of support and safety of those involved.</p>
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Outcome 6 - Community Belonging

Standard	Criteria
4. Diversity Responsiveness	4.3 Planning and service implementation ensures differences and values of its community are recognised and incorporated as required.
5. Promotion and Prevention	<p>5.3 The MHS, in partnership with other sectors and settings supports the inclusion of mental health consumers and carers in strategies and activities that aim to promote health and wellbeing.</p> <p>5.4 The MHS evaluates strategies, implementation plans, sustainability of partnerships and individual activities in consultation with their partners. Regular progress reports on achievements are provided to consumers, carers, other service providers and relevant stakeholders.</p>
6. Consumers	
7. Carers	7.5 The MHS considers the needs of carers in relation to Aboriginal and Torres Strait Islander persons, culturally and linguistically diverse (CALD) persons, religious/spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age profile and socio-economic status.
8. Governance, Leadership and Management	8.3 The MHS develops and regularly reviews its strategic plan in conjunction with all relevant service providers. The plan incorporates needs analysis, resource planning and service evaluation. This should be developed with the participation of staff, stakeholders, consumers, carers and representatives of its community.

9. Integration	9.1 The MHS ensures that a person responsible for the coordination of care is available to facilitate coordinated and integrated services throughout all stages of care for consumers and carers.
10. Delivery of Care	<p>10.1.5 The MHS promotes the social inclusion of consumers and advocates for their rights of citizenship and freedom from discrimination.</p> <p>10.1.7 The MHS supports and promotes opportunities to enhance consumers' positive social connections with family, children, friends and their valued community.</p> <p>10.1.9 The MHS has a comprehensive knowledge of community services and resources and collaborates with consumers and carers to assist them to identify and access relevant services.</p> <p>10.2.1 Access to available services meets the identified needs of its community in a timely manner.</p> <p>10.2.2 The MHS informs its community about the availability, range of services and methods for establishing contact with its service.</p>

Appendix 2: Disclaimer

The Quality Evaluation is necessarily limited by the following:

The methodology used for the Quality Evaluation has been designed to allow a reasonable degree of assessment in all the circumstances, as well as cost effectiveness of the evaluation process.

The Standards against which the assessment is made involve subjective terms and this entails an exercise of subjective judgement.

The assessment involves a reliance on multiple sources of evidence, including observations, feedback and written records. The accuracy of written records cannot always be completely verified.

Where outcomes for individuals, and where relevant their families and carers, are of a high standard, and observation and other evidence indicates no apparent gaps in meeting the National Standards for Mental Health Services, the Standards are deemed to have been met.

The assessment will often involve a determination as to which of two or more versions of the same facts put to the Evaluation Team is correct under circumstances where this issue cannot be determined with absolute certainty.

The assessment will involve the Evaluation Team raising issues with a sample of individuals with lived experience of mental illness, their family members and carers. On some occasions information gathered from a sample will not reflect the circumstances applying over the whole group.

For these reasons the Evaluation Team cannot and do not accept responsibility for the veracity of any information on which they have based their reports and for a subsequent incorrect assessment that may have occurred based upon that information.
