

1. INTRODUCTION

1.1 Background

A significant positive development in the mental health field is growing recognition that a diagnosis of mental illness is not a life sentence to an incurable condition that invariably will have only negative consequences for a person's life course. This was the view that, until recently, was commonly held by many consumers, their families and clinicians. While the onset of mental illness is undoubtedly a serious life event, many people who have experienced mental illness live full and meaningful lives: some remain symptom free after their first episode, while others adapt to the symptoms that they recurrently experience. It is now recognised that it is not inevitable that a first episode will lead to further illness and that even when further episodes do occur, it is not necessary for such illness to put an end to the positive aspects of life.

For people who have experienced a first episode of mental illness, the risk of future episodes is increased, however, and efforts to prevent recurrent episodes are essential to reduce the impact of mental illness for consumers, their families and carers, and their communities. Consequently, ways to prevent further episodes and reduce their impact on wellbeing have become a valuable area of investigation. A growing body of evidence attests that such prevention is possible.

Relapse prevention has been recognised as a high priority for some time. The *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (2000)* [Action Plan 2000] acknowledged the importance of relapse prevention and early intervention for recurrent mental illness and identified these as areas for future action. It was noted in *Action Plan 2000* that many of the issues related to promotion, prevention and early intervention for mental health were also relevant to preventing relapse, but that there were likely to be unique factors for people who had already been diagnosed with a mental illness that warranted separate consideration in another document.

The *Evaluation of the Second National Mental Health Plan (2003)* reported that early intervention, for both first and recurrent episodes of mental illness, was an area where there was still considerable need for improvement in terms of Australia's mental health care system. Continuity of care, in all its forms—across the course of an episode of illness, across the lifespan, and across service sectors—was also an area where greater emphasis and innovative approaches were urgently required.

Most recently, relapse prevention is clearly evident in the *National Mental Health Plan 2003-2008* as an area that requires increased focus. Factors related to relapse prevention are emphasised throughout the *Plan*, particularly in the sections on preventing mental health problems, access to care, continuity of care, support for families and carers, consumer rights and legislation, and consumer and carer participation.

In response, the National Mental Health Promotion and Prevention Working Party (PPWP), which is auspiced by the Australian Health Ministers' Advisory Council National Mental Health Working Group and the National Public Health Partnership Group, developed a discussion paper entitled, *Pathways of Recovery: The role of relapse prevention in the recovery process for people who have been seriously affected by mental illness (2004)* [Discussion Paper]. Phase 1

of the consultation involved development of this *Discussion Paper* as well as a shorter *Summary Version*.

PPWP wished for all stakeholders to be given an opportunity to comment on the *Discussion Paper* and to provide input on ways that can help ensure that relapse prevention becomes a routine part of continuing care. This report summarises the process and outcomes of this consultation.

1.2 Overview of the report

This report documents the process of developing the consultation as well as the outcomes. The report is structured in the following way:

Section 2 provides an overview of the aims and objectives of the consultation and a brief description of the consultation strategies.

Section 3 provides an overview of the Consultation Forums, which were the main approach taken to the consultation. This section covers the capacity building approach to the development of the forums, an outline of the method used for the workshops in the Consultation Forums, and an overview of the process undertaken in each individual State and Territory.

Section 4 summarises feedback on the *Discussion Paper* gathered through the consultation.

Section 5 suggests some future directions, arising from the consultation, to progress this issue.