

5. FUTURE DIRECTIONS

The *Discussion Paper* was almost universally agreed to be an important first step to place prevention within the context of continuing care on the mental health agenda; something that was long overdue. Through the national consultation, it had achieved its aim of stimulating debate in this area across Australia. However, while it provided a platform for discussion, this alone could not achieve change in practice nor progress toward implementation.

A range of actions needed to take place to progress the ideas endorsed from the *Discussion Paper*:

Firstly, it was evident that the 4As Framework for preventing further episodes of mental illness needed to be more succinctly described in a shorter document that was more accessible than the lengthy *Discussion Paper*.

Secondly, and most importantly, it was argued that a range of education and training resources and tools needed to be developed to help jurisdictions, and local areas and services, implement the Framework. There needed to be easily accessible information on what was currently happening across Australian and internationally, and examples of best practice in relapse prevention interventions and programs. The Auseinet website was seen as an effective vehicle for disseminating this information for many people. However, it was noted that not everyone had easy access to the web and that there needed to be hard copy alternatives also available.

Most important for implementation was availability of practical information around key implementation strategies. This included guidance on how to form and sustain partnerships between services and across sectors, such as development of MOUs and discharge planning processes; how to manage change within an organisation of service to fully operate with a recovery orientation; and how to support staff to reorient from current practices (particularly within currently available resources).

Thirdly, it was felt that the *Discussion Paper* should be slightly revised to reflect some of the concerns raised through the consultation, particularly relating to gaps in content, and then be made widely available.

Lastly, it was unequivocally agreed that additional resources were urgently needed by the mental health sector (including community care and primary health care) to progress the National Mental Health Strategy, with the 4As Framework for prevention of further episodes of mental illness a strong focus.

Appendix 1. Letter of invitation to comment sent to peak organisations and other stakeholders

Invitation to comment on the Discussion Paper Pathways of Recovery: Preventing Relapse

Dear

This letter is to invite your organisation to comment on the *Discussion Paper, Pathways of Recovery: Preventing Relapse*. This *Discussion Paper* has been developed by the Mental Health Promotion and Prevention Working Party (PPWP), in response to concerns by consumers and others regarding the role of relapse prevention in the recovery process for people seriously affected by mental illness. The *Discussion Paper* aims to encourage discussion of issues related to relapse prevention and consideration of ways to ensure that relapse prevention is a routine part of continuing care within Australia's mental health care system.

The *Discussion Paper* has been produced in two versions: a full copy and a shorter summary version. Copies of each version are enclosed with this letter. They are also available electronically at auseinet@flinders.edu.au and further hard copies can be ordered through Auseinet: Tel: 08 8201 7670.

PPWP wishes 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. To enable this, your organisation is invited to comment. Your views including, but not restricted to, the following areas would be appreciated:

- Comments on the issues raised and the approach taken in the *Discussion Paper*.
- Other issues or approaches that need to be considered.
- Views on what is required to ensure that relapse prevention becomes a routine component of continuing mental health care and self-care.
- Comments on what is needed to support people and services to put this approach to relapse prevention into practice.

Your organisation can provide feedback in the following ways:

- 1) You are welcome to provide feedback directly to:
Debra Rickwood (Project Consultant) via email: debra.rickwood@canberra.edu.au
or **Susan Mitchell** at Auseinet: tel 08 8201 7670
email: susan.mitchell@flinders.edu.au
- 2) Face-to-face consultations will be held during October, November and December 2004 in each State and Territory. Please contact your State/Territory mental health branch of government for further information about the consultations in your area.

The Mental Health Promotion and Prevention Working Party welcomes your input and is looking forward to receiving your comments. Please note that the final date for submission of comments is **20th December 2004**.

Appendix 2. Questions for invitation to comment via Auseinet website

Discussion Paper on the role of relapse prevention in the recovery process for people seriously affected by mental illness

NATIONAL CONSULTATION FEEDBACK

Please provide feedback around the following questions:

1. What are your thoughts about the relapse prevention framework as presented in the *Discussion Paper*? Do you think it provides a good tool for developing recovery-focused services?
 - a. What do you like about it?
 - b. What don't you like about it?
 - c. Are there any gaps in the framework?
 2. What other experiences have you had with relapse prevention and tools for relapse prevention? How did you find them? What difference did it make?
 3. What needs to happen to ensure relapse prevention becomes standard practice in mental health services?
 4. How will we know that relapse prevention has become standard practice? What sort of indicators and measures will show that we have relapse prevention as standard practice in a recovery focused mental health system?
 6. Any other comments?
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Thank you 😊

Debra Rickwood Debra.Rickwood@canberra.edu.au
Susan Mitchell Susan.Mitchell@flinders.edu.au