



Life in Mind

National Communications Charter Implementation Guide

Developed specifically for the non-government community mental health sector



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Introduction

The National Communications Charter (The Charter) provides an opportunity for governments, organisations, community groups and individuals to play a role in reducing stigma around mental illness and suicide, while also promoting help-seeking behaviour through its guiding principles and messages. It sets out broad and strategic communication principles and key messages about mental health and wellbeing, social and emotional wellbeing, mental ill-health and suicide.

There are eight principles in The Charter which have been developed to guide the way organisations, communities and individuals talk about mental health and suicide prevention.

This implementation guide has been produced to assist the non-government community mental health sector integrate the National Communications Charter into service provision. It is intended to provide guidance for embedding strategic communications principles in the provision of care, with the aim to reduce suicide and to improve the mental health and wellbeing of individuals and communities across Australia. It recognises the wealth of education and professional development that exists within the sector and aims to act as a unifying resource, representing a formal commitment to working together and developing better structures and processes for collaboration.

Background

Life in Mind, an initiative of **Everymind** redeveloped and operationalised The Charter in 2017-2018, under the guidance of a Champions group who were representing the mental health and suicide prevention sectors, Aboriginal and Torres Strait Islander peoples, LGBTI people, people with lived experience of suicide, people with lived experience of mental illness and people from culturally and linguistically diverse backgrounds.

The Charter is hosted on the *Life in Mind* portal, providing organisations and communities with access to tools such as current information, programs, services, resources and research within suicide prevention in Australia.

Everymind will oversee The Charter on behalf of the sector, ensuring shared responsibility and dialogue for its ongoing development and implementation.

Key messages

- Mental health, social and emotional wellbeing, mental ill-health and suicide prevention are issues of national importance.
- Mental health and mental ill-health are determined by multiple and interacting social, cultural, psychological and biological factors, at individual, family and community levels as well as broader social and institutional levels.
- Individuals, families and communities have an essential voice and right to self-determination in matters of mental health, mental ill-health and suicide prevention.

Who should use this guide?

The information in this Guide will support the non-government community mental health sector to implement and evaluate the National Communications Charter. It is designed for use both at an organisational and individual level. It can be used by organisation executives, service managers, mental health professionals, educators or individuals working in policy or quality improvement within the non-government community mental health sector.



How should it be used?

The Implementation Guide gives professionals and organisations in the non-government community mental health sector the resources, tools and information to implement each of the principles outlined in The Charter. It provides practical tips about how to integrate and embed The Charter into organisational practice and service provision, specifically in the context of nongovernment community mental health services.

These resources include an online learning course, educational and promotional material, language guides, evaluation toolkit, communications strategy and email signature. Upon signing The Charter, this suite of resources will become available for download and can be used to facilitate effective implementation of Charter principles into organisational systems, staff professional practice and client care.



Mental health in Australia

Brief snapshot

It is estimated that about 45% of Australians may experience mental illness at some point in their lives. The most recent ABS National Health Survey estimated that approximately 20% of Australians experienced a mental health or behavioural condition in 2017-18. The most common mental illness reported was anxiety, which accounted for approximately 14% and affects over 2 million Australians each year. About 3% of Australians are affected by psychotic illnesses while 4% of the population is affected by an eating disorder at any one time.

For the same year, The ABS reported 3,128 deaths due to suicide, with an age-specific rate of 12.7 per 100,000. This equates to an average of 8.57 deaths by suicide in Australia each day. For the 2017-18 reporting period, the ABS provided data relating to comorbidities for the first time. It was noted that 80% of suicides had comorbidities mentioned as contributing factors. Mood disorders (including depression) was the most common factor associated, reported in 43% of all suicides, with substance use disorders accounting for 29.5%.

Mental health service provision

Mental health services in Australia are provided through a combination of public and private systems which are funded across national, state and territory governments, individuals and private health insurers. Although there is some overlap, the scope for each entity can be categorised in the following way:

- The Australian Government is responsible for developing national mental health reform initiatives as well as delivering a range of mental health related services. They provide income support, social and community support, workforce participation programs and housing assistance for people impacted by mental illness.
- State and territory governments fund and deliver public sector clinical mental health services. These include public hospitals, specialised community mental health care services and residential mental health care services.
- The private sector provides inpatient care at private and public hospitals and outpatient services with private health professionals. The services available are dependent upon the level of cover obtained under a private health insurance fund.
- Non-government mental health services receive government and/or private funding and can be either not-for-profit or for-profit. These services are non-clinical and typically provide wellbeing support and psychosocial assistance.

Non-government community mental health sector

Non-government community mental health organisations provide a range of services, such as intensive personal recovery support, activity programs, practical living skills support, accommodation services and carer respite assistance. The delivery of these services varies according to the particular organisation and the state in which it operates. While there may be some large organisations that function nationally and utilise a substantial professional workforce to provide a wide range of services, other mental health NGO's may have just a few paid staff, focus on a particular portion of the population and rely heavily on donations. Due to the varied characteristics of organisations that sit under this banner, it is important to recognise that the implementation of The Charter into professional practice may not occur in an entirely uniform manner, but may be adapted to suit the specific needs of the service.



There are multiple quality, safety and performance standards that govern service provision in the non-government mental health sector. Some of these include specific state legislation such as the state and territories' Mental Health Act, Occupational Health and Safety Act and the Anti-Discrimination Act, professional regulation requirements for practicing mental health professionals and external accreditation processes. Some of these standards are compulsory and some are voluntary, and the adherence requirements vary between states and territories, however the underlying quality management and service delivery components are consistently relevant to the principles outlined in The Charter.

Across all services in Australia the implementation of The National Communications Charter in the non-government community mental health sector will require the involvement and commitment of boards, staff, consumers, carers and funders. This commitment will maximise efforts and resources to help prevent mental ill-health and suicide and minimise the personal, social and economic impacts on people, families, communities and organisations.

National standards for mental health service provision

The National Standards set out the minimum requirements for all service providers in the mental health service system. They focus on recovery and are based on values related to human rights and dignity. They promote the empowerment of consumers of mental health services, their carers and families. They emphasise practices which support continuous improvement in service quality. Although they are presented separately, many of the standards are interrelated.

The principles of The Charter are relevant to all of the 10 national standards as they apply to the whole mental health service system, including the non-government community mental health service sector.



Implementation

There are four steps involved in implementing The Charter:

1. Become a signatory

Take a minute and sign The Charter, demonstrating your commitment to reducing stigmatising language and promoting help-seeking and help-offering behaviour.

2. Share the campaign

Individuals, communities and organisations are encouraged to show support of The Charter. Consider ways to promote that you are a signatory and share The Charter key messages, principles, links and #CommsCharter hashtag with others.

3. Implement the principles

Signing The Charter isn't the end of the story. Download The Charter and explore some activities that will help support the principles and key messages within your organisation or local community.

4. Conduct ongoing evaluations to assess fidelity and impact

Download and utilise the Evaluation Toolkit to monitor implementation and outcomes.



Principles and key outcome areas/strategies

Signatories to The Charter agree to support the principles outlined below. The effective integration of these principles into organisational practice can be measured against the key outcome areas. Specific examples are identified to provide guidance for practical implementation, though these can be expanded upon and modified to suit the needs of the particular service.

Principle	Key outcome area	Examples
Make mental health, wellbeing and suicide prevention a priority issue	Charter principles are integrated into workplace policy	Embed Charter into orientation processes, professional development, accreditation and funding/grant agreements
	Help-seeking and help offering is normalised in the workplace	Promote EAP and other workplace support services
	Activities that support mental health and wellbeing occur in the workplace	RUOK Day, mindfulness meetings, flexible working arrangements
Information and messages shared are nationally consistent	Communication messages are consistent and in line with evidence-based information about mental health and suicide prevention	Update organisational social media guidelines to reflect Charter principles Utilise Charter social media cards to support consistent messaging
	Communications messages are incorporated into all workplace correspondence	Provide visible recommendations to guide social media use e.g. posters, desktop backgrounds
		Provide platform for staff to identify any concerns about language and information sharing
Strategic communications, advocacy and awareness raising activities are guided by The Charter	Existing internal and external communication strategies are reviewed to identify opportunities to embed and support principles	Encourage stakeholders and other partnering agencies to become signatories to The Charter and reflect principles in core practice
	Existing communications collateral are reviewed	Regularly review clinical notes and professional correspondence
The diversity of experience for those affected by mental ill-health or suicide is respected	Recognition that the experience of mental ill-health or suicide is varied, complex and differs on an individual basis	Include a range of people with a lived experience in consultation processes for program design
	A range of voices from those with lived experience are considered and incorporated in policy and service design	Encourage staff to access professional development to maintain up-to-date skills for working with people who have diverse experiences with mental ill-health or suicide



Appropriate, respectful and person-centred language is used in all communication	Opportunities are regularly identified to learn and to improve language around mental ill-health and suicide	Display educational material about safe language use in common areas (for both staff and consumers to observe)
	Appropriate communication is being modelled across all platforms	Set up feedback pathways and invite staff to provide information about language use
	Evidence-based language guidelines are routinely reviewed at professional and personal levels	Provide The Charter to new staff as a part of orientation/induction into the service
Encourage collaboration to maximise efforts and resources	Opportunities are sought to collaborate with other organisations, across sectors or industries	Foster collaborative partnerships and promote Charter principles with related community service sectors, such as drug and alcohol services, Indigenous and multicultural services, youth services and housing
	Support is actively provided for other evidence-based or best practice initiatives	
	Staff are encouraged to support each other in implementing guidelines at professional and personal levels	Facilitate regular collaborative planning days with staff, clients and their carers/families
Acknowledge those with lived experience of mental ill-health and suicide	The contribution that those with lived experience of mental ill-health and lived experience of suicide can make to policy and service design is recognised	Incorporate an acknowledgment of people with a lived experience into meeting openings
	People who have a lived experience are respected, supported and safely engaged	Provide appropriate physical spaces for staff, clients and their carers/families to feel safe
		Consult lived experience advisory groups
Promote crisis services and help-seeking information	Help-seeking information is displayed and promoted in the workplace	Establish an email footer with relevant help-seeking information
	Visible and relevant help-seeking information is always included in any communications collateral or content that touches on mental ill-health and suicide	Promote EAP and other workplace support services
	Opportunities are identified to include help-seeking information in media engagement or content relating to mental ill-health and suicide	Make help-seeking information visible for staff, clients and their carers/families throughout the workplace and on social media platforms
		Incorporate clear pathways for help-seeking on websites, recognising the diversity of help-seeking options

Figure 1 – The Charter implementation examples



Review, monitoring and evaluation

Evaluation

Monitoring and evaluation is essential to assess the effectiveness of The Charter in promoting a common language in mental health, reducing stigma around mental illness and suicide and encouraging help-seeking behaviour through its guiding principles and messages. Evaluation can also provide feedback about the process of implementation, the manner in which it was received and identify if there are any ongoing concerns or issues that need to be addressed.

There are three key steps involved in conducting an evaluation:

1. Plan the evaluation
2. Choose the evaluation methods
3. Dissemination and feedback

Life in Mind have developed a purpose designed Evaluation Toolkit for use with The Charter. It provides practical tools and resources that can be used to conduct an evaluation of The Charter in a non-government mental health organisation.

Measures of success

There are three main categories which demonstrate the degree to which The Charter has been successfully implemented into an organisations structure and professional practice. These are defined as:

Entry: This level reflects an awareness and understanding of some of the principles outlined in The Charter, and a commitment to further development. Organisations may have demonstrated partial examples of good practice; however a more strategic approach to formally incorporating The Charter into organisational practice still needs to be established.

Developing: This level reflects a proactive approach to the implementation of The Charter. Organisations at this level demonstrate an understanding of most of the principles outlined and have made substantial progress in incorporating these into practice. Achievement at this level reflects a move away from 'one-off' examples, towards an approach that allocates time and resources to create sustained and co-ordinated change.

Advanced: This level is achieved when The Charter is integrated and embedded as core business. Organisations at this level have formally incorporated all of the principles into practice and routine evaluations are conducted to assess fidelity and impact.

Further information can be found in the *Life in Mind* Evaluation Toolkit.





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