

## 2. THE NATIONAL CONSULTATION

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### 2.1 Aims

The principal aims of the national consultation were to:

- put the issue of relapse prevention firmly on the agenda for widespread discussion;
- provide an opportunity for all stakeholders to voice their views on the role of relapse prevention; and
- facilitate feedback to better understand how to implement relapse prevention within continuing care.

### 2.2 Consultation process

The National Mental Health Promotion and Prevention Working Party (PPWP) carried out this work on relapse prevention as another important aspect of their prevention and early intervention agenda. Consumer and carer voices, as well as previous work undertaken by PPWP on promotion, prevention and early intervention for mental health, argued for greater emphasis on relapse prevention and better understanding of its role in the recovery process for people seriously affected by mental illness.

To progress this understanding, Phase 1 involved the development of a discussion paper on the role of relapse prevention in the recovery process for people seriously affected by mental illness entitled, *Pathways of Recovery: The role of relapse prevention in the recovery process for people seriously affected by mental illness (2004) [Discussion Paper]*, and Phase 2 was a national consultation around this *Discussion Paper* and the issues it raised, and subsequent development of a framework for relapse prevention.

#### Phase 1: Development of the Discussion Paper

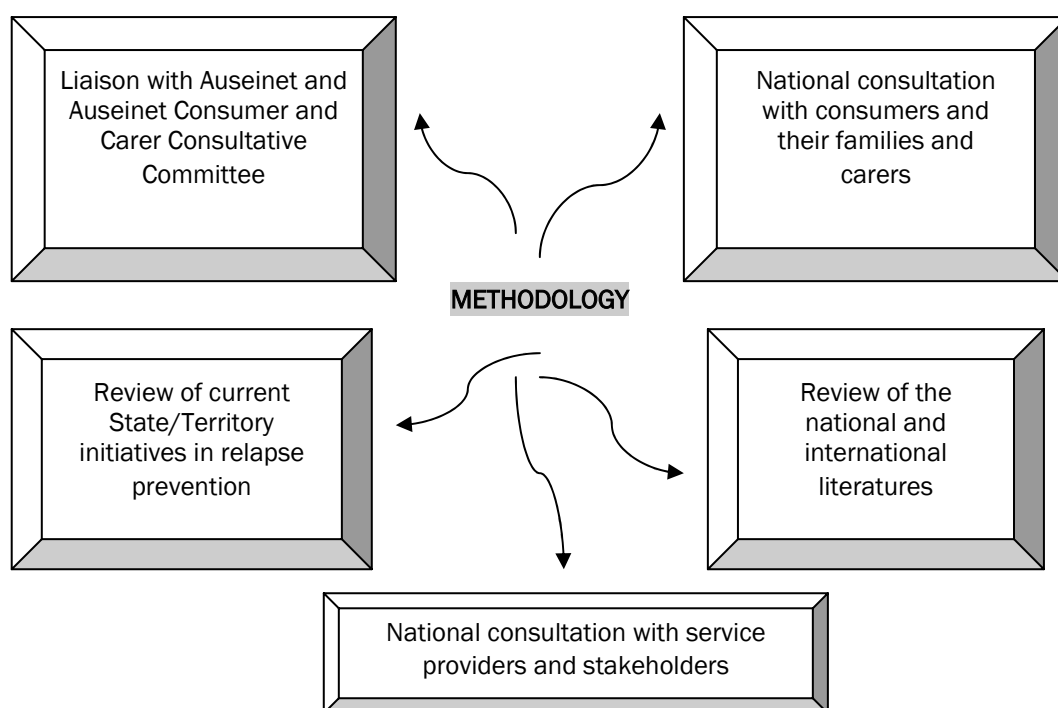
The first phase of the national consultation involved development of the *Discussion Paper*. It was imperative that this paper be based on and guided by the experiences of people with mental illness and their families and carers. It was also important that the views of service providers, who have the responsibility of providing clinical and non-clinical support to people with mental illness, be incorporated. Consequently, the methodology used to develop the paper was based on ensuring that the views of all these people were presented.

There were five main components to this phase, as shown in Figure 1. These components were undertaken in late 2003 and comprised:

- *Liaison with Auseinet and Auseinet Consumer and Carer Consultative Committee* — The Australian Network for Promotion, Prevention and Early Intervention for Mental Health and Suicide Prevention (Auseinet) was an important resource, providing networks and information. Of particular note, Auseinet's Consumer and Carer Consultative Committee provided essential guidance. This Committee comprised consumer and carer representatives invited from all States and Territories, with New South Wales, Victoria, South Australia, Western Australia, Tasmania and the Northern Territory represented at the time of developing the paper. These people helped to access consumer and carer networks

within each of the jurisdictions. Their personal experiences were also a valuable resource, and a focus group was undertaken with the members of the Consultative Committee prior to the other consultations to develop questions to promote useful discussion.

- *National consultation with consumers and carers* — Focus groups and interviews were conducted across Australia with male and female consumers of all ages and representing a cross-section of the community in terms of social, economic and cultural backgrounds, as well as their families and carers. Focus groups and interviews were generally taped and transcribed (after which the original tapes were erased) and direct quotes from these conversations are anonymously presented throughout the *Discussion Paper*. Focus groups and interviews were undertaken according to the principles outlined in the *National Statement on Ethical Conduct in Research Involving Humans* (NHMRC 1999). Furthermore, specific ethical issues related to undertaking research with mental health consumers were also taken into consideration (see Peterson 1999).
- *National consultation with service providers and other stakeholders* — The views of service providers, from both clinical and community support services, and representatives from peak mental health organisations were also obtained through focus groups and interviews conducted across Australia. Direct quotes from these conversations also are anonymously presented throughout the document.
- *Review of the national and international literatures* — A review of the national and international literatures related to relapse prevention was undertaken. This involved a search of relevant computerised databases, as well as resources provided by Auseinet and some of the stakeholders contacted during the consultation. The literature review was not intended to be exhaustive, but rather was used to provide a summary of the main issues that have been researched relevant to relapse prevention for mental illness.
- *Review of current State/Territory initiatives in relapse prevention* — Each State and Territory nominated a representative from the government mental health sector to provide information on current State/Territory initiatives related to relapse prevention. These representatives were personally contacted by phone and email to elicit information around current initiatives in each of the jurisdictions. This process aimed to develop an understanding of some of the major initiatives being undertaken that related to relapse prevention in each of the States and Territories, to provide a current Australian context to the *Discussion Paper*.



**Figure 1. Methodology used to develop the *Discussion Paper***

## **Phase 2: Implementation of National Consultation on Relapse Prevention**

The *Discussion Paper* was developed to provoke and inform broad discussion of issues related to relapse prevention and consideration of ways to ensure that relapse prevention becomes a routine part of continuing care within Australia's mental health care system.

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. To enable this, a national consultation was undertaken across all States and Territories to ensure that consumers, families and carers, service providers, and other stakeholders had the opportunity to comment and give their views.

The consultation was undertaken as a partnership between the researcher and writer of the *Discussion Paper*, Debra Rickwood, and Susan Mitchell from Auseinet (The Australian Network for Promotion, Prevention and Early Intervention for Mental Health and Suicide Prevention), members of the National Mental Health Promotion and Prevention Working Party, and representatives from the States and Territories.

The consultation sought the following feedback:

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

There were three avenues through which feedback on the *Discussion Paper* could be provided:

- national face-to-face Consultation Forums held in each State and Territory;
- invited submissions from organisations with an interest in mental health; and
- an open invitation to comment posted on the Auseinet website.

#### **National consultation forums**

One of the main methods of gathering feedback was via 21 Consultation Forums that took place in each State and Territory in 2004. These engaged a total of 653 participants representing a range of sectors including consumers, carers, mental health, clinical services, non-government organisations (NGOs), psycho-social support services, education, health promotion, drug and alcohol, community and academia.

People who could not attend a Consultation Forum or who wanted to provide additional comments were directed to the Auseinet website.

#### **Invited submissions**

Over 50 organisations and individuals representing peak bodies and other stakeholders for mental health were sent a written invitation to provide comment. Written or interview submissions were received from 38 of these invitees.

#### **Auseinet website**

The Auseinet website and update service was used to inform people of the *Discussion Paper* and the consultation. The *Discussion Paper* and a briefer *Summary Version* were able to be downloaded from the Auseinet website. Hard copies were also available from Auseinet. On the website an invitation to comment was placed, indicating the type of feedback specifically sought. People could email their comments through the website, or contact either Debra or Susan to directly provide comment.