

# EXECUTIVE SUMMARY

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This report describes the national consultation that was undertaken in 2004 to provide stakeholders with an opportunity to comment on the discussion paper on the role of relapse prevention in the recovery process for people who have been seriously affected by mental illness.

The discussion paper and subsequent reports were funded by the Australian Government Department of Health and Ageing and developed for the National Mental Health Promotion and Prevention Working Party, which exists under the auspices of the Australian Health Ministers' Advisory Council National Mental Health Working Group and the National Public Health Partnership.

This report describes both the consultation process and the feedback generated.

## Aims of the consultation

The National Mental Health Promotion and Prevention Working Party (PPWP) developed 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]*. The *Discussion Paper* was developed through a consultation process and was designed to encourage widespread 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*. 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 give their views.

The consultations 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;
- 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.

## Consultation process

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 the States and Territories.

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.

The face-to-face Consultation Forums were the main approach used to gain feedback. A capacity building approach was used for engaging each of the jurisdictions to plan and develop their own Forum structure. Each jurisdiction was able to determine the nature, site, participants and the local contextual content of their face-to-face forum(s). This enabled jurisdictions to utilise existing infrastructure and to take into consideration local issues.

Invited submissions were sought from over 50 organisations and individuals who have an interest in relapse prevention. Written or interview submissions were received from 38 of these invitees.

An open invitation to comment was posted on the Auseinet website. The *Discussion Paper* and a *Summary Version* were able to be downloaded from the site and comments could be sent to a dedicated email address.

## Consultation forums

There were 21 Consultation Forums held across Australia during 2004. These engaged 653 participants representing a range of sectors including consumers, carers, mental health, non-government organisations (NGOs), psycho-social support services, education, health promotion, drug and alcohol, community and academia.

The Consultation Forums had a variety of formats, but all included an overview of the *Discussion Paper* and small group workshops to gather feedback. Many jurisdictions also took the opportunity to showcase local initiatives and innovations in relapse prevention, recovery or rehabilitation.

The Consultation Forums were instrumental in raising awareness of the issue of relapse prevention and its role in recovery, and bringing together people with an interest in continuing care.

## Feedback

Feedback on the *Discussion Paper* was mostly positive. The majority of people felt it was timely for the issue of relapse prevention to be discussed and liked the approach taken in the *Discussion Paper*. The focus on consumer voices throughout the paper was seen as a particular strength. However, use of words such as 'preventing further episodes of mental illness' and 'staying well' were preferred to 'relapse prevention', and a more wellness and strengths-based focus was suggested.

The 4As Framework—Awareness, Anticipation, Alternatives and Access—was universally endorsed as being relevant, appropriate and easy to understand.

Generally, the *Discussion Paper* was reported to be comprehensive, although gaps were evident in content related specifically to people with more complex issues and co-morbidities, such as forensic populations, people with drug and alcohol problems, and people with disabilities.

It was argued that the *Discussion Paper* needed to be translated into a briefer framework to facilitate implementation. Implementation was a source of concern, with people feeling that

although relapse prevention should be a routine part of continuing care, the mental health system did not have the capacity to adequately incorporate it. Much of the mental health system remained crisis focussed and driven, and there was poor resourcing and integration of the essential elements of psychiatric disability, peer support and psycho-social community services sectors.

## **Future directions**

The consultation gave rise to the following future directions:

- development of a summary framework for preventing further episodes of mental illness based on the 4As;
- development a range of education and training material and tools to help people to incorporate relapse prevention within treatment and continuing care;
- availability of practical information around key implementation strategies including easily accessible information on what was currently happening across Australian and internationally, and examples of best practice in relapse prevention interventions and programs; and
- revision of the *Discussion Paper* to reflect some of the concerns raised through the consultation.