

Quality Measurement for Improvement

**Standards for Psychiatric Disability
Rehabilitation and Support Services**

Self-Audit Manual

May 2004

Introduction

The PDRS sector has undergone significant growth and diversification over the last ten years. In 1992, a small number of community based agencies that were providing support and rehabilitation to people with mental illness, came together and identified as psychiatric disability support services. The PDRS sector is now well established in Victoria. In general, there is a shared understanding of objectives, purpose and many PDRSS have well-established practices to systematically explore the quality of their services.

This evolution of Psychiatric Disability Rehabilitation and Support Services (PDRSS) reflects they have undertaken significant growth and service development. The sector has demonstrated commitment to quality in its adoption of the *Standards for psychiatric disability support services* and through a range of quality improvement related initiatives.

The current policy and practice focus on quality initiatives provides numerous benefits and opportunities for the PDRS sector. A model of continuous quality improvement within the PDRS sector encourages services to demonstrate leadership and partnership in measuring performance and outcomes. This reflective position enables services, its staff, consumers and carers to examine practices and address areas for improvement. While the delivery of services to people with psychiatric disability is the core focus of services, this is underpinned by reflective practice that seeks to routinely review and develop so as to continue to provide relevant and responsive services.

In 2001 the Department of Human Services Mental Health Branch received funding from the Commonwealth Department of Health and Ageing, under the Information Development Plan to manage a number of quality projects focusing on the PDRS sector, including the development of quality accreditation processes.

The Mental Health Branch, in partnership with the PDRS sector, has drafted a quality framework to introduce quality processes for the PDRS sector that supports the introduction of accreditation processes. The willingness and capacity of the PDRS sector to focus on quality improvement reflects the maturation of the sector in the delivery of services to people with psychiatric disability.

More specifically, quality improvement based on the *Standards for psychiatric disability support services* is being progressed to strengthen service quality. The introduction of accreditation to the PDRS sector has been staged. The large standalone services have received funding to assist them to achieve accreditation against the *Standards for psychiatric disability support services*. Smaller PDRS services have received a quality grant to focus on quality activities.

Policy context

Commonwealth

The ***Second national mental health plan*** was developed for the years 1998 to 2003. The *Second national mental health plan* maintained the commitment to the principles set out in the *First Plan* and set three further priorities: promotion and prevention; partnerships in service delivery and reform; and quality and effectiveness.

The need for a continued focus on quality and safety was recognised in the *Evaluation of the second national mental health plan* and has been addressed through the ***Third national mental health plan*** for 2003 to 2008. The *Third Plan* identifies four priority themes:

- Promoting mental health and preventing mental health problems and mental illness
- Increasing service responsiveness to consumers and carers, including access to care, continuity of care, and support for families and carers.
- Strengthening quality, including consumer rights, consumer and carer participation, safety, standards and monitoring, funding and workforce.
- Fostering research, innovation and sustainability.

New directions for mental health services outlines the guiding principles and key directions for services for the five years 2002-2007.

The guiding principles are:

- Priority to those in greatest need
- Care in the community wherever possible
- Consumer and carer participation
- Service quality and responsiveness
- Continuity of care

The six key directions are identified as:

- Expanding service capacity
- Creating new service options
- Extending prevention and early intervention
- Building a strong and skilled workforce
- Strengthening consumer participation
- Improving carer participation and support

State

The proposed ***Victorian strategy for safety and quality in public mental health services 2004-2008*** provides guidance for mental

service, workforce and system developments under *New directions for Victoria's mental health services*. It aims to strengthen and develop integrated systems of governance to ensure responsibility and accountability for high standards of care and continuous improvement in service quality. It promotes the development, sharing and use of evidence-based best practice, which is informed by monitoring, research and evaluation activities.

The ***Psychiatric disability rehabilitation and support services: guidelines for service delivery 2003*** state that "PDRSS will also be required to participate in a range of activities designed to promote continuous quality improvement and support quality service provision" (2003: 5). This vision has been supported by the sector through their participation in the development of three PDRSS quality projects (consumer and carer experience, outcome measurement and accreditation processes) that comprise an overall quality monitoring strategy. A reference group comprising service provider, consumer, carer and Department representatives has overseen and endorsed the development and implementation of these projects.

The ***Standards for psychiatric disability support services 2000*** have been adapted from the endorsed *National standards for mental health services (1996)* to reflect the specialist function of PDRSS in facilitating and supporting the integration of people with psychiatric disability into their local community and its programs. The standards are consistent with the framework of the *Second national mental health plan*. Consequently, the three priority areas of the plan—promotion and prevention, partnerships in service reform and delivery, and quality and effectiveness—inform the operation and guiding principles of the standards. The standards provide the framework for the worksheets in this self-audit manual and are a guide to service planning and measuring service performance.

A Model for Psychiatric Disability Rehabilitation and Support Services Accreditation

The introduction of accreditation processes allows for an improved PDRS service system for people with psychiatric disability. It allows for a coordinated and consistent approach to measuring performance and quality for PDRS services. Services maintain ownership of the processes for measuring performance against the standards and for the development of tailored strategies to respond their organisational and service user needs.

The introduction of accreditation processes to the PDRS sector has been staged in consideration of the varying organisational capacities and resources of services. Initially, only a targeted number of services are

expected to achieve formal accreditation. The Mental Health Branch, in partnership with the sector, has introduced the following model for PDRSS accreditation:

- annual service self-assessment against the complete set of PDRSS standards using a self-audit manual;
- the development of a quality improvement report and plan that addresses any gaps identified to the standards arising from the self-assessment process, and submission of this to the Department of Human Services, regional Agency Liaison Officer (ALO);
- annual liaison with the ALO on the report and plan to assist with the liaison and support role of the ALO and assist with the identification of organisational, sector and other developmental issues; and
- external formal audit every 3 years, incorporating the data from the annual self-assessments (including external, peer and consumer auditors, and incorporating the service's self-assessment plans).

The following self-audit manual provides services with a tool to measure performance against the *Standards for psychiatric disability rehabilitation and support services 2000*. While the standards are aimed at all PDRSSs and, wherever possible, they should be used as a whole rather than separately, some standards will be more relevant to particular services. Services should aim to move toward meeting each of the criteria. In some cases, for example in rural areas or in smaller services, it may not be possible or appropriate to fully implement all standards.

It is anticipated that services will use this manual to assist with the preparation for and achievement of formal accreditation. The manual enables services to undertake annual self-assessments, assist with the preparation of quality improvement plans and to enable services to provide substantive material to external auditors in the year of formal review.

The Self-Audit Manual consists of two sections. The first is guidelines for effectively undertaking a self-audit. A self-audit is a critical component of continuous quality improvement as it provides services with a process for measuring and reflecting on performance (against 'the Standards') that is largely self-directed and managed. While the worksheets containing the standards have been developed for services, the actual internal processes a service uses to undertake the self-audit may vary widely depending on the service model. For example, there will be different levels of involvement of consumers and carers, and variation in organisation structure and size that may influence the capacity of staff to be actively involved at all levels of self-audit.

The second is the self-audit section. It contains self-audit worksheets for each of the standards within the *Standards for psychiatric disability rehabilitation and support services*. Complementary notes and examples can be found in the Standards themselves. These are designed to assist to identify activities that services may undertake in relation to each of the standards.

SECTION ONE

GUIDELINES FOR SELF-AUDIT

Getting Value from the Self-Audit Process

Self-auditing is designed to promote service ownership of quality monitoring and improvement systems within the organisation. Service self-audits also help external auditors to understand how services are interpreting the *Standards* and their performance, and where further improvements can be made.

The following guidelines are designed to assist participating PDRS services to gain maximum benefit from the self-audit process. It is important that your service undertakes discussion and analysis with staff, consumers, carers and other stakeholders to ensure a comprehensive range of views and information is considered. In addition, participation of all stakeholders increases the level of investment and importance they place on the process and its outcomes. The following guidelines have been designed to help you to achieve this.

Using the Self-Audit Worksheets

Before You Start

- **Decide who is going to coordinate the process.** This will vary according to the size of your service and existing roles, but needs to be a staff member with sufficient capacity and authority to undertake the role. It is important that management and senior staff provide this leadership or support others to do so. Leadership is important to ensure a positive approach, where the self-audit is seen as an opportunity to learn about the service and identify ways to enhance organisational processes and outcomes to benefit consumers, carers and staff. Undertaking a self-audit encourages critical reflection, knowledge-based practice and a shared vision for the organisation, all of which contribute to continuous service improvement.
- **Consult with appropriate supports where you can discuss processes, organisational issues, and practical matters.** Talk with peer services that have undertaken a self-audit to discuss what actions or processes work and what don't. If you plan to go through formal accreditation, make contact with accreditation bodies to determine a preferred option and develop ongoing training, support and consultation links to assist your service.
- **Estimate the overall time needed to complete the task.** This will depend on the size of the organisation and the time available. Be realistic and keep in mind that this may be a new experience for some of those involved. Once you start, you may choose to review timelines to allow for optimal participation and make sure that responses are

comprehensive and accurate. But you need to resist the temptation to constantly update your responses as changes occur. There needs to be a definite 'cut-off' point.

Consider the resources available to support the task of completing the self-audit worksheets (including people, time and equipment). What are the practical issues that need to be taken into account?

Recognise the competing demands facing those involved in contributing to the self-audit, and allocate specific time within work plans to devote to tasks. Establish clear communication and reporting channels to ensure a coordinated approach. Look for opportunities to limit the extra workload through existing meetings and processes and aim to avoid duplication and re-working.

- **Decide who will be involved, including service governance arrangements and the establishment of specific working groups.** The greater the participation of staff, consumers, carers and other stakeholders in this process, the greater the opportunity for change in practice and sustainability of outcomes.

The *Standards* reflect a strong commitment to a consumer and carer focus in mental health care. Service users need to be consulted in the course of completing the self-audit. It is recommended that you implement a range of strategies to allow the broadest cross-section of service users to contribute. Questionnaires, focus groups and public meetings can all provide the chance for consumers and carers to have their say. Check that the information presented is easily understood and jargon-free, and consider the use of translations and interpreters for service users from non-English speaking backgrounds. If you have existing methods for regularly consulting with service users and your community of interest, you can use the information that has already been collected.

If you have a Board of Management, ensure that it is involved in formulating responses in the self-audit and identifying areas for improvement.

Getting Started

- **Read through all of the standards, criteria and self-audit worksheets.**
- **Next, decide who will address each standard.** Who is in the best position to give an accurate picture of your service's performance regarding the standard? Is it beneficial for some standards to be considered by all or specific stakeholders?

You may choose to allocate certain standards to more than one individual or group to include various perspectives and provide a more accurate response. This can provide an excellent opportunity to improve communication and identify the potential for further information sharing, learning and cooperative approaches.

Encourage multi-disciplinary working groups and remember to provide opportunities for part-time and/or visiting staff to contribute.

Your self-audit information should reflect where emphasis comes from specific stakeholders as this may indicate areas for development as identified by these stakeholders.

- **Outline the broad plan for conducting the self-audit to all stakeholders, including consumers, carers and board members.** Clarify the task, encourage participation and allay concerns. Ensure that all stakeholders understand that the emphasis is on *service systems and processes*, not individual performance.

You need to make sure that there is a *shared understanding and commitment* about the purpose of the standards and the self-audit process. Decide whether you need to provide information and/or training to give a clear context for those who are going to be involved. This may include an overview of quality processes, standards and accreditation systems and an opportunity to reflect on how specific standards apply to your organisation. In larger services it may be necessary to provide a number of sessions, or to arrange for team leaders to attend a 'train the trainer' style session.

Alternatively, you could arrange for written information that covers the above points to be distributed. If you choose this option, it may be useful to arrange some follow-up to check awareness and understanding.

- **Identify and acknowledge existing skills, experience, efforts, achievements and resources.** This will allow you to affirm work already being done, will help to limit extra work and help to determine the next steps required.

Key Leadership Tasks

- **Inform yourself.** Make sure you clearly understand the intent and application of the standards.
- **Invite questions and discussion regarding interpretation and application of the standards.** Provide responses that encourage a shared understanding of the intent of the standards and a consistent, united approach to the task.
- **Develop and monitor the action plan to ensure tasks are routinely followed up.** It may be necessary to modify timelines. Ensure that strategies are appropriate and complementary and that consultation with relevant people occurs.
- **Provide opportunities for those not involved in formulating responses to make comments.**
- **Facilitate consensus about the service's performance and areas for improvement in relation to the standards.**

Action Plan

Develop an overall action plan to coordinate activities. Include key review dates to provide the opportunity to reflect on progress and refine the plan. Clearly delegate tasks and responsibilities and ensure that reporting processes are included.

- A sample format is outlined below. You may adapt this to suit your service, or use existing planning processes.
- List objectives, brainstorm strategies, estimate timelines, allocate responsibility and identify relevant personnel.
- Consult, develop and then refine the plan.
- Set progress review dates and clarify reporting processes.
- Encourage individuals and working groups to refer to this planning documentation, including the audit worksheets, and consult with others in formulating responses.

Objective	Who?	Strategies	Review	Completion date	Follow-up
Complete responses for Standard 1	CEO Reporting to Program Manager	Discuss standard during each team meeting. Allocate follow up (including consultation) to be reported back to next meeting if necessary.	March '04 At least 50% of responses to be completed.	August '04	
Complete responses for Standard 2	Board of Management & CEO. CEO to facilitate.	Working group to formulate draft responses for presentation to full Board for approval.	First working group meeting to be held in November. March '04 Draft response presented. Final draft to April meeting.	May '04	

Completing the Worksheets

The self-audit worksheets require you to enter descriptive information about current practices, documentation, as well as identified areas for improvement. The following paragraphs offer more detail on what is being requested in relation to information about practices and documentation.

When describing ***practices*** it is important to describe activities that are fundamental to each standard. Of course there are many activities that are likely to relate to each standard. If the important things are done well however this is a good indication of how well a standard is being implemented. What should be recorded are only those activities that are considered fundamental or central to activities that relate to the standard.

When describing ***documentation*** in the self-audit worksheets the documents (i.e., policies, procedures, role statements, job description etc) and records of implementation should relate to the central activities that you have described when reporting on practices. Services generally understand the importance of documentation to guide practice. Just as important as documentation, however, are the records that contain information on how the policies and procedures have been implemented. Therefore, these records of implementation and outcomes must also be described in the worksheets. To an outsider, a demonstration of how your service monitors the implementation of fundamental processes and their outcomes is a strong indicator of the quality of service as it relates to each standard.

Do You Meet the Standard?

In your assessment of whether you meet a standard, you have the opportunity to use a number of information sources to assist you. For example, these sources of data include your Quarterly Data Collection data, outcomes from your outcome measurement activity, consumer and carer survey data, consumer records, and your service Key Performance Indicators.

- **Make sure you have clearly interpreted the standard**, referring to the standard with its criteria and notes and examples.

Clarify the intent, keeping in mind that ways to meet the standard may vary according to the specific characteristics of your community of interest, consumers, carers, staffing profile, organisational culture and so on. Focus on the process and outcomes.

- **Document what is currently occurring.** You may make suggestions about how to address gaps; however, you are more likely to develop realistic, effective, system-based strategies once you have fully completed the worksheets.
- **Include examples of activities, services and programs.** Refer to documentation, including policies and reports, as appropriate.
- **Consider your performance in terms of the systems that are in place.** Look at the various organisational processes that combine to influence successful outcomes.
- **Circulate the draft responses and invite comments.** This will provide the opportunity for those not directly assessing a particular standard to have input and will assist you to reach an agreed position.
- **Acknowledge differing opinions and perceptions, but wherever possible reach consensus and document the response that best reflects the overall organisational view.**

Once the responses have been finalised, review the document to identify common themes or patterns. Further develop the current strategies section, linking common issues wherever possible. Provide opportunities for feedback and discussion regarding both the findings of the self-audit and the process involved in completing this task.

Self-Rating

You must rate your service in relation to each of the standards, using the following ratings definitions.

Our service's processes, practices and documentation are all consistent with this standard.	1
Our service's processes and practices are consistent with this standard but lack comprehensive documentation and record keeping systems.	2
Our service's processes, practices and documentation all require some attention to be consistent with this standard.	3
This standard does not apply to our service.	4

Preparing the Self-Audit Worksheets for External Audit

- Check through the completed document to ensure clarity and accuracy in your responses. Make sure that the information is presented clearly and would be accessible to someone from outside your service. Provide a list of commonly used terms or acronyms, if necessary.
- Ensure that documents and other evidence cited in the worksheets are accessible and available for the external audit so as to add value to your service processes.
- Bear in mind when completing the self-audit worksheets that they provide detailed information that you will use in developing a plan to achieve and continuously develop best practice in future.

Hints

- If you are unable to reach consensus about a particular standard include the differing comments, and the suggested response.
- Don't agonise over every issue. Re-agenda discussions or establish small working groups, and plan to address major tasks incrementally.
- Don't spend too much time on developing strategies until you have an overview of issues to be addressed. It may be possible to develop a strategy to address a number of different issues. It is important to identify where changes in one area of the system impact on other areas. This will help to identify priorities and plans for improvement.

- Provide specific comprehensive information. Give several examples of activities, services and programs, wherever appropriate. Specify the names of documents or policies where these exist, and where they are in other documents specify the location (e.g., page number, heading, section). If you have written information in a previous standard worksheet that is also relevant elsewhere, just write in the cross-reference rather than repeating it.
- Don't forget to check the *Standards for psychiatric disability rehabilitation and support services* for any relevant notes and examples.

SECTION TWO

SELF-AUDIT WORKSHEETS

STANDARDS FOR PSYCHIATRIC DISABILITY REHABILITATION AND SUPPORT SERVICES

Month & year
of this self-audit:

Month & year of
next self-audit:

Month & Year of
Scheduled External
Audit:

Name of service:

Postal address:

Site address:

Phone:

Fax:

Email:

Manager:

Number of EFT staff:

Program type/s:

DHS Region:

STANDARD PDRSS 1 Rights

The rights of people with a psychiatric disability are upheld by the PDRSS.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address them including <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome specify rating and comments
1.1 Staff of the PDRSS have knowledge of and comply with relevant legislation, regulations and instruments protecting the rights of people affected by mental disorders and/or mental health problems.					
1.2 Participants are provided with a written and verbal statement of their rights and responsibilities as soon as possible after entering the PDRSS.					
1.3 The written and verbal statement of rights and responsibilities is provided in a way that is understandable to the participant and other service users.					
1.4 The statement of rights includes the principles contained in the Australian Health Ministers <i>Mental Health Statement of Rights and Responsibilities (1991)</i> and the United Nations <i>General Assembly Resolution on the Protection of Persons with Mental</i>					

<i>Illness and the Improvement of Mental Health Care (1992).</i>					
1.5 The right of the participant not to have others involved in their care is recognised and upheld to the extent that it does not impose imminent serious risk to the participant or other persons.					
1.6 Independent advocacy services and support persons are actively promoted by the PDRSS and participants are made aware of their right to have an independent advocate or support person with them at any time during their involvement with the PDRSS.					
1.7 The PDRSS upholds the right of the participant and their carers to have access to accredited interpreters.					
1.8 The PDRSS provides participants and their carers with information about available mental health services, mental disorders, mental health problems, PDRSSs and other support services.					
1.9 The PDRSS recognises the rights of people with mental disorders and/or mental health problems in their service goals and staff job descriptions.					
1.10 The PDRSS has an easily accessed, responsive and fair complaints procedure for					

participants and carers and the PDRSS informs participants, and carers where appropriate, about this procedure.					
1.11 Documented policies and procedures exist and are used to achieve the above criteria.					
1.12 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.					

STANDARD PDRSS 2 Safety

The activities and environment of the PDRSS are safe for participants, carers, families, staff and the community.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
2.1 The PDRSS and its staff have knowledge of and comply with relevant legislation, regulations and other instruments.					
2.2 Support is offered by the PDRSS, where possible, to protect the participant from abuse and exploitation.					
2.3 Policies, procedures and resources are available to promote the safety of participants, carers, staff and the community.					
2.4 Staff are regularly trained to recognise, understand and appropriately and safely respond to the signs of suicide and self harm and to aggressive and other difficult behaviours.					
2.5 A staff member working					

<p>alone has the opportunity to access another staff member at all times in their work settings.</p>					
<p>2.6 A participant has the opportunity to access a staff member of their own gender where possible.</p>					
<p>2.7 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.</p>					

STANDARD PDRSS 3 Participant, Community and Carer Involvement

Participants, community and carers, where appropriate, are involved in the planning, implementation and evaluation of the PDRSS.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
3.1 The PDRSS has policies and procedures related to participant, community and carer participation which are used to maximise their roles and involvement in the PDRSS.					
3.2 The PDRSS undertakes and facilitates a range of activities which maximise participant, community and carer involvement in the service.					
3.3 The PDRSS assists with training and support for participants carers and staff which maximise participant and carer involvement in the service.					
3.4 A process and methods exist for participants to be reimbursed for expenses and/or paid for their time and expertise where appropriate.					

<p>3.5 The PDRSS has a written statement of roles and responsibilities (code of conduct) for participants and carers participating in the service which is developed and reviewed with participants and carers.</p>					
<p>3.6 Participants and carers are supported to independently and individually determine who will represent the views of each group to the PDRSS.</p>					
<p>3.7 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.</p>					

STANDARD PDRSS 4 Promoting Community Acceptance

The PDRSS promotes community acceptance and the reduction of stigma for people affected by mental disorders and/or mental health problems.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
4.1 The PDRSS works collaboratively with the defined community to initiate and participate in a range of activities designed to promote acceptance of people with mental disorders and/or mental health problems by reducing stigma in the broader community.					
4.2 The PDRSS provides understandable information to mainstream workers and the defined community about psychiatric disability.					
4.3 Documented policies and procedures exist and are used to achieve the above criteria.					
4.4 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a					

quality improvement process.					
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STANDARD PDRSS 5 Privacy and Confidentiality

The PDRSS ensures the privacy and confidentiality of participants and carers.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned to address or improve practice & timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
5.1 Staff of the PDRSS have knowledge of and comply with relevant legislation, regulations and instruments in relation to the privacy and confidentiality of participants and carers.					
5.2 The PDRSS has documented policies and procedures which ensure the protection of confidentiality and privacy for participants and carers as service users, and these are available to them in an understandable language and format.					
5.3 The PDRSS encourages, and provides opportunities for, the participant to involve others in their support.					
5.4 Participants give informed consent before their personal information is communicated to health professionals outside the PDRSS, to carers or other					

agencies or individuals.					
5.5 Participants have the opportunity to communicate with others in privacy unless contraindicated on safety grounds.					
5.6 The delivery of support provides an opportunity for locations which offer sight and sound privacy.					
5.7 Participants are supported in exercising control over their personal space and personal effects.					
5.8 Confidential processes exist by which participants and carers can regularly feedback their perception of the support environment to the PDRSS.					
5.9 Where possible, participants have appropriate space and privacy in order to practice their cultural, religious and spiritual beliefs.					
5.10 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.					

STANDARD PDRSS 6

Prevention and Mental Health Promotion

The PDRSS in conjunction with the clinical services works with their local community in prevention and mental health promotion.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
6.1 The PDRSS has policies and plans that support mental health promotion and prevention of mental disorders and mental health problems.					

Promotion of Mental Health

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
6.2 The PDRSS works collaboratively with health promotion units and other organisations to conduct and manage activities which promote mental health and prevent the onset of mental disorders and/or mental health problems within the					

community.					
6.3 The PDRSS provides information to the local community about psychiatric disability.					

Prevention of Mental Disorders and Psychiatric Disability

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
6.4 The PDRSS has the capacity to appropriately respond to the most vulnerable participants in the local community.					
6.5 Each participant is given assistance to access appropriate support to manage their illness, including the development of a plan in case of relapse.					
6.6 Wherever possible and appropriate, vocational and social needs are met through the use of mainstream agencies with support from the PDRSS.					

6.7 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.					
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STANDARD PDRSS 7

Cultural and Gender Awareness

The PDRSS delivers non-discriminatory support which is sensitive to the gender and social and cultural values of the participant and the role of the participant's family and community.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
7.1 Staff of the PDRSS should develop a knowledge of the social and cultural groups represented in the local community and an understanding of those social and historical factors relevant to their current circumstances.					
7.2 The PDRSS considers the needs and unique factors of social and cultural groups represented in the local community and involves these groups in the planning and implementation of services.					
7.3 The PDRSS delivers support in a manner which is sensitive to the social and cultural beliefs, values and cultural practices of the participant and their carers.					
7.4 The PDRSS employs staff or develops links with other					

<p>service providers/ organisations with relevant experience in the provision of support to the specific social and cultural groups represented in the defined community.</p>					
<p>7.5 The PDRSS monitors and addresses issues associated with sexism and social and cultural prejudice in regard to its own staff.</p>					
<p>7.6 Documented policies and procedures exist and are used to achieve the above criteria.</p>					
<p>7.7 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.</p>					

STANDARD PDRSS 8

Integration Standard

Service Integration

The Area Mental Health Service (AMHS) works in a coordinated and integrated way with a range of services to ensure continuity of care for the participant.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
8.1 The PDRSS is part of an integrated AMHS available to serve each defined community.					
8.2 The participant's transition between components of the AMHS is facilitated by them having appropriate designated staff members (such as PDRSS Key Worker) and individual program plans.					
8.3 There are regular meetings between staff of each of the AMHS programs and sites in order to promote integration and continuity.					
8.4 The PDRSS has documented policies and procedures which are used to promote continuity of care across programs, sites, other					

services and lifespan.					
8.5 The PDRSS has specified procedures to facilitate and review internal and external referral processes with other PDRSS programs.					
8.6 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.					

Integration within the Health System

The PDRSS develops and maintains links with other service providers at local, state and national levels to ensure specialised coordinated support and rehabilitation and to promote community integration for people with psychiatric disabilities.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
8.7 The PDRSS is part of the general health and community support system and promotes comprehensive support for participants, including access to specialist services and resources.					
8.8 PDRSS staff know about the range of other health and community support services and resources available to the participant and can provide information on how to access other relevant services.					
8.9 The PDRSS supports the staff, participants and carers in their involvement with other health and community support service providers.					
8.10 The PDRSS has formal processes to promote					

inter-agency collaboration.					
8.11 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.					

Integration with Other Sectors

The PDRSS develops and maintains links with other sectors at local, state and national levels to ensure specialised coordinated care and promote community integration for people with psychiatric disabilities.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
8.12 PDRSS staff know about the range of other agencies available to the participant and carers.					
8.13 The PDRSS supports its staff, participants and carers in their involvement with other agencies wherever possible and appropriate.					
8.14 The PDRSS has formal processes to develop intersectoral links and collaboration.					
8.15 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.					

STANDARD PDRSS 9 Service Development

The PDRSS is managed effectively and efficiently to facilitate the delivery of coordinated and integrated services.

Organisational Structure

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
9.1 The PDRSS is managed by an appropriately qualified and experienced person with authority over, and accountability for, PDRSS resources and planning.					
9.2 There is single point accountability for the PDRSS.					
9.3 The PDRSS has an organisational structure which identifies it as a discrete entity.					
9.4 The organisational structure of the PDRSS ensures continuity of care for its participants.					
9.5 The organisational structure of the PDRSS reflects a multidisciplinary approach to planning, implementing and					

evaluating care.					
9.6 A system exists which ensures that staff are aware of their roles and responsibilities within the PDRSS.					

Planning

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
9.7 The PDRSS produces and regularly reviews a strategic plan which is made available to the defined community.					
9.8 The strategic plan is developed and reviewed through a process of consultation with staff, participants, carers, other appropriate service providers and the defined community.					
9.9 The strategic plan is consistent with national mental health policies and legislative requirements.					
9.10 The PDRSS has operational plans based on the					

strategic plan which establishes time frames, responsibilities of organisations and/or individuals and targets for implementation.					
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Funding

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
9.11 The PDRSS manages a dedicated budget using accepted accounting practices.					
9.12 The PDRSS, in its budget, makes provision for staff development and participant and family/carer participation in the PDRSS.					

Staff Training and Development

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
9.13 The PDRSS regularly identifies training and development needs of its staff.					
9.14 The PDRSS ensures that staff participate in education and professional development programs.					
9.15 New Staff are provided with an orientation program to the PDRSS.					
9.16 The PDRSS ensures that staff have access to formal and informal supervision.					
9.17 The PDRSS has a system for supporting staff during and after critical incidents.					

Information Systems

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned to address or improve practice & timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
9.18 The PDRSS collects and aggregates data which promotes effective support for participants, assists with the management and evaluation of the PDRSS, and promotes staff training and research.					
9.19 Data are collected in a manner which ensures reliability, validity and timelines of reporting.					
9.20 Data collected are analysed and used to promote continuous quality improvement within the PDRSS.					
9.21 Information is made available to funders, staff and the defined community in an understandable format within the bounds of confidentiality requirements. Data collection is consistent with statutory requirements and State/Territory/National requirements for mental health					

services.					
9.22 Collected data is stored and reported in a manner which ensures confidentiality and complies with relevant legislation.					

Service Evaluation, Outcome Measurement, Research And Quality Improvement

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned to address or improve practice & timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
9.23 There is documented accountability and responsibility for the evaluation of the PDRSS.					
9.24 The PDRSS has a service evaluation strategy that promotes participation by staff, participants, carers, other service providers and the defined community.					
9.25 The PDRSS routinely monitors outcomes for individual participants using a combination of quantitative and qualitative methods.					
9.26 The PDRSS conducts or participates in appropriate research activities.					
9.27 Research proposals are reviewed by an ethics committee constituted and functioning in accordance with the National Health and Research Medical Council Statement on Human					

Experimentation and relevant Explanatory Notes.					
9.28 The PDRSS is able to demonstrate a process of continuous quality improvement.					
9.29 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.					

STANDARD PDRSS 10

Documentation

Service activities are documented to assist in the delivery of support and rehabilitation and in the management of services.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned to address or improve practice & timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
10.1 The PDRSS complies with relevant legislation and regulations protecting participant confidentiality and ensures that documentation processes are such that confidentiality is protected.					
10.2 Support and rehabilitation provided by the PDRSS is recorded in an individual record.					
10.3 Documentation in the individual record is dated and is legible.					
10.4 A system exists by which the PDRSS uses the individual record to promote continuity of care.					
10.5 Documentation is appropriate, comprehensive, factual and a sequential record of the support provided to the					

participant.					
10.6 Each participant in a structured program has an individual program plan which documents the participant's goals, strategies, support required and review of outcomes.					
10.7 The PDRSS ensures that only authorised persons have access to information about the participant.					
10.8 Documented and available policies and procedures exist and are used to achieve the above criteria.					
10.9 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.					

PRINCIPLES GUIDING THE DELIVERY OF SUPPORT

The rehabilitation and support services delivered by the PDRSS are guided by the following principles:

Choice

Access to a range of specialised rehabilitation and support options and information to assist in the selection of the most appropriate option(s) in the setting most relevant for the participant.

Social, cultural and development context

Specialised rehabilitation and support , which respect and utilise for optimal benefit, the participant's social and cultural values, beliefs, practices and stage of development.

Continuous and coordinated support

Specialised rehabilitation and support is provided in a continuous and coordinated manner by a range of service providers in and between a range settings.

Comprehensive support

Access to rehabilitation and support services in available throughout the participant's lifespan and is able to meet his or her specific needs during the rehabilitation, consolidation and recovery phases of his or her mental disorder and/or mental health.

Individual support

Specialised rehabilitation and support are provided in response to individual need.

Least restriction

Rehabilitation and support which impose the least personal restriction of rights and choice.

STANDARD PDRSS 11.1

Accessibility

The PDRSS is accessible to the defined community.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned to address or improve practice & timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
11.1.1 The PDRSS ensures equality in the delivery of rehabilitation and support regardless of participant's age, gender, culture, sexual orientation, socio-economic status, religious beliefs, previous psychiatric diagnosis, past forensic status and physical or other disability.					
11.1.2 The community to be served is defined, its needs regularly identified and services are planned and delivered to meet those needs.					
11.1.3 PDRSSs are provided in a convenient and local manner, where appropriate.					
11.1.4 The PDRSS ensures effective equitable access to services for each person in the defined community.					
11.1.5 The PDRSS informs the					

<p>defined community of its availability, range of services and the method for establishing contact.</p>					
<p>11.1.6 The PDRSS, wherever possible, is located to promote ease of physical access with special attention being given to those people with physical or sensory disabilities and/or reliance on public transport.</p>					
<p>11.1.7 Documented policies and procedures exist and are used to achieve the above criteria.</p>					
<p>11.1.8 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.</p>					

STANDARD PDRSS 11.2

Access

The point and process of access to the PDRSS meets the needs of the defined community and facilitates timely and ongoing assessment.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
11.2.1 The point and process of access to the PDRSS is made known to the defined community.					
11.2.2 The PDRSS has documented policies and procedures describing the target group and how to access the service.					
11.2.3 The access process to the PDRSS can be undertaken in a variety of ways which are sensitive to the needs of the participant, their carers and the defined community.					
11.2.4 The access process to the PDRSS is specialised and complementary to that undertaken by clinical mental health services and other intake systems.					
11.2.5 An appropriately skilled					

and experienced PDRSS worker is available to assist participants to enter into psychiatric disability support.					
11.2.6 The process of entry to the PDRSS minimises the need for duplication in assessment, individual program planning and delivery of rehabilitation and support.					
11.2.7 The PDRSS ensures that a participant is able to identify a single PDRSS worker responsible for coordinating their rehabilitation and support.					
11.2.8 The PDRSS has a system for prioritising referrals according to risk, urgency, distress, dysfunction and disability.					
11.2.9 The PDRSS has a policy which acknowledges that assessment and the access process to the service are linked.					
11.2.10 Documented policies and procedures exist and are used to achieve the above criteria.					
11.2.11 The PDRSS monitors					

its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.

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STANDARD PDRSS 11.3

Assessment and Review

Participants receive a comprehensive, timely and accurate assessment and a regular review of progress.

Assessment

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
11.3.1 Assessments are conducted by appropriately skilled and experienced PDRSS staff in the context of psychiatric disability support.					
11.3.2 Where appropriate, this assessment is conducted in a setting chosen by the participant. The choice of setting is negotiated by the participant and the PDRSS and considers the safety of those people involved.					
11.3.3 The PDRSS has a system for commencing and recording assessment during the participant's first contact with the service.					
11.3.4 The assessment process is appropriate and					

comprehensive and, at the participant's request or with their informed consent, includes the participant's carers (including children), other service providers and other people nominated by the participant.					
11.3.5 The assessment is conducted using appropriate methods.					
11.3.6 The PDRSS has documented protocols and procedures describing the assessment process.					
11.3.7 The assessment is recorded in an individualised record in a timely and accurate manner acceptable to the participant.					
11.3.8 There is opportunity for the assessment to be conducted in the preferred language of the participant and their carers.					
11.3.9 Staff are aware of and sensitive to, cultural and language issues which may affect the assessment.					

STANDARD PDRSS 11.4

Rehabilitation and Support

The defined community has access to a range of high quality mental health rehabilitation and support services.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned to address or improve practice & timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
11.4.1 Rehabilitation and support provided by the PDRSS reflect best available evidence and emphasise positive outcomes for participants.					
11.4.2 Rehabilitation and support provided by the PDRSS, including participation in research are subject to the informed consent of the participant.					
11.4.3 The PDRSS ensures access to a comprehensive range of rehabilitation and support programs which are, wherever possible, appropriate to a person's age and stage of development.					
11.4.4 The PDRSS ensures access to a comprehensive range of rehabilitation and support services which are specialised in regard to a					

participant's stage in the recovery process.					
11.4.5 The PDRSS ensures access to a comprehensive range of rehabilitation and support services which address physical, social, cultural, emotional, spiritual, gender, sexual orientation and lifestyle aspects of the participant.					
11.4.6 The PDRSS ensures access to a comprehensive range of rehabilitation and support services which, wherever possible, address dual diagnosis, other disability and participants who are involved in the criminal justice system.					
11.4.7 The PDRSS ensures access to a comprehensive range of rehabilitation and support services which are, wherever possible, specialised in addressing the particular needs of people of culturally and linguistically diverse backgrounds.					
11.4.8 Where appropriate, there is a current individual program plan available to each participant, which is constructed and regularly					

reviewed with the participant and, with the participant's informed consent, their carers.					
11.4.9 The PDRSS provides the least restrictive and least intrusive rehabilitation and support possible in the environment and manner most helpful to, and most respectful to, the participant.					
11.4.10 The rehabilitation and support provided by the PDRSS is developed collaboratively with the participant and other persons nominated by the participant.					
11.4.11 Documented policies and procedures exist and are used to achieve the above criteria.					
11.4.12 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.					

STANDARD PDRSS 11.4.A Community Living

The PDRSS provides participants with access to a range of rehabilitation and support programs which maximise the participants' quality of life.

Independent Living

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
11.4.A.1 The setting for the learning or the re-learning of activities of daily living is the most familiar and/or the most appropriate for the generalisation of skills acquired.					
11.4.A.2 Activities of daily living programs or interventions are designed so that participants develop or redevelop the necessary competence to meet their own everyday community living needs.					

Leisure, Recreation, Education, Training, Work and Employment

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
11.4.A.3 The PDRSS ensures that settings for day programs provide adequate indoor and outdoor space for participants.					
11.4.A.4 The PDRSS ensures that the participant has access to an appropriate range of agencies, programs and/or interventions to meet their needs for leisure, recreation, education, training, work, accommodation and employment.					
11.4.A.5 The PDRSS supports the participant's access to education, leisure and recreation activities in the community.					
11.4.A.6 Where possible, the PDRSS facilitates access to, and/or support for participants in employment and work.					
11.4.A.7 The PDRSS supports the participant's access to vocational training					

opportunities in appropriate community settings and facilities.					
11.4.A.8 The PDRSS promotes access to vocational support systems which ensure the participant's right to fair pay and conditions.					
11.4.A.9 The PDRSS supports the participant's desire to participate in further or continuing education.					
11.4.A.10 The PDRSS provides or ensures that participants have access to drop-in facilities for leisure and recreation as well as opportunities to participate in leisure and recreation activities individually and/or in groups.					

Family, Relationships, Social and Cultural System

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned to address or improve practice & timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
11.4.A.11 The participant has the opportunity to strengthen their valued relationships through the support effected by the PDRSS.					
11.4.A.12 The PDRSS ensures that the participant and their family have access to a range of family-centred approaches to support where appropriate.					
11.4.A.13 The PDRSS provides a range of rehabilitation and support which maximises opportunities for the participant to live independently in their own accommodation.					
11.4.A.14 Documented policies and procedures exist and are used to achieve the above criteria.					
11.4.A.15 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve					

performance as part of a quality improvement process.					
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STANDARD PDRSS 11.4.B

Residential or Home-Based Rehabilitation and Support

Residential or home-based rehabilitation and support is provided in a manner which promotes choice, safety and maximum possible quality of life for the participant.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
11.4.B.1 The PDRSS has guidelines for the provision of residential or home-based rehabilitation and support which are adhered to.					
11.4.B.2 Participants and carers, where appropriate, have the opportunity to be involved in the planning and evaluation of residential rehabilitation and home-based support.					
11.4.B.3 The residential rehabilitation and home-based support services work in partnership with other rehabilitation and support programs.					
11.4.B.4 Any housing managed by a PDRSS is clean, safe and reflects as much as possible the preferences of the participants living there.					

11.4.B.5 Access to the residential rehabilitation and home-based support is non-discriminatory and determined on priority of need alone.					
11.4.B.6 A range of residential rehabilitation and home-based support is delivered to the participants according to individual need.					
11.4.B.7 Participants living in the residential rehabilitation are offered maximum opportunity to participate in decision making regarding decor, visitors, potential residents and house rules.					
11.4.B.8 PDRSS inform participants of the range of available accommodation options and participants are supported in their choice to move between options if needed.					
11.4.B.9 Where desired, participants are assisted to find housing in the proximity of their social, cultural and clinical supports.					
11.4.B.10 The accommodation maximises					

opportunities for the participant to participate in the local community.					
11.4.B.11 The accommodation maximises opportunities for the participant to exercise control over their personal space.					
11.4.B.12 Wherever possible and appropriate, the PDRSS assists participants to meet their cultural, language, gender and preferred lifestyle requirements.					
11.4.B.13 Participants with physical or sensory disabilities have their needs met where possible.					
11.4.B.14 Where relevant, services support participants in their own accommodation and support accommodation providers in order to promote the criteria above.					
11.4.B.15 The PDRSS provides rehabilitation and support to participants regardless of their type of accommodation.					
11.4.B.16 The PDRSS seeks to minimise the risk to participants in being exploited					

and/or abused in their accommodation.					
11.4.B.17 Documented policies exist and are used to achieve the above criteria.					
PDRSS 11.4.B.18 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.					

STANDARD PDRSS 11.4.C

Psychosocial Rehabilitation and Support

The participant and the participant's family/carer, where appropriate, have access to a range of safe and effective psychosocial rehabilitation and supports.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
11.4.C.1 Psychosocial rehabilitation and support offered or recommended by the PDRSS reflect best available evidence and are conducted by appropriately qualified and experienced PDRSS staff.					
11.4.C.2 The PDRSS provides access to a range of accepted psychosocial rehabilitation and support according to the needs of the participant and their carers, where appropriate.					
11.4.C.3 The extent to which psychosocial rehabilitation and support are directly provided by the PDRSS is determined according to the assessed needs of participants in the defined community and the documented priorities of the PDRSS.					

<p>11.4.C.4 The participant is supported to make an informed choice on the preferred form of psychosocial rehabilitation and support from the range available.</p>					
<p>11.4.C.5 The participant is informed by the PDRSS of the potential benefits, financial costs and any other foreseeable inconvenience associated with the provision of particular psychosocial rehabilitation and support programs.</p>					
<p>11.4.C.6 The PDRSS promotes continuity of care for participants referred outside the PDRSS for a particular psychosocial rehabilitation and support.</p>					
<p>11.4.C.7 Psychosocial rehabilitation and support provided by the PDRSS is provided in an environment which is safe, private, comfortable and affords minimal disruption.</p>					
<p>11.4.C.8 Documented policies and procedures exist and are used to achieve the above criteria.</p>					

11.4.C.9 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.

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STANDARD PDRSS 11.5

Planning for Leaving the PDRSS

Participants are assisted to plan for leaving the PDRSS to ensure that ongoing follow-up is available if required.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned</i> to address or improve practice & <i>timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
11.5.1 Each participant's documented individual program plan includes a plan for leaving the service when this becomes appropriate.					
11.5.2 The plan is reviewed in collaboration with the participant and, with the participant's informed consent, their carers, and as part of each review of the individual program plan.					
11.5.3 The plan for leaving the service is made available to participants and, with the participant's informed consent, their carers and other nominated service providers, e.g. clinical case manager.					
11.5.4 The participant and their carers, where appropriate, are provided with understandable information on					

the range of relevant services and supports available in the community.					
11.5.5 The PDRSS ensures that participants referred to other service providers have established contact and that the arrangements made for ongoing follow-up are satisfactory to the participant, their carers and other service provider prior to leaving the PDRSS.					
11.5.6 All services provided by the PDRSS are planned and delivered on the basis of participant preference and the appropriate duration of contact consistent with best outcomes for the participant.					
11.5.7 Documented policies and procedures exist and are used to achieve the above criteria.					
11.5.8 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.					

STANDARD PDRSS 11.6

Leaving and Re-Entering the PDRSS

The PDRSS assists participants to leave the service and ensures re-entry, where appropriate, according to the participant's needs.

Criteria	Describe your service's processes, practices & documentation as consistent with this standard	Describe the <i>areas for improvement & strategies planned to address or improve practice & timelines</i>	Relevant document/data base name & location	Rating	External audit outcome indicate rating, comments or areas to address
11.6.1 Staff review the outcomes of rehabilitation and support as well as ongoing follow-up arrangements for each participant prior to their leaving the PDRSS.					
11.6.2 The PDRSS ensures that the participant, their carers and other service providers and agencies involved in follow-up are aware of how the participant can re-enter the PDRSS at a later date.					
11.6.3 Documented policies and procedures exist and are used to achieve the above criteria.					

11.6.4 The PDRSS monitors its performance in regard to the above criteria and utilises data collected to improve performance as part of a quality improvement process.

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