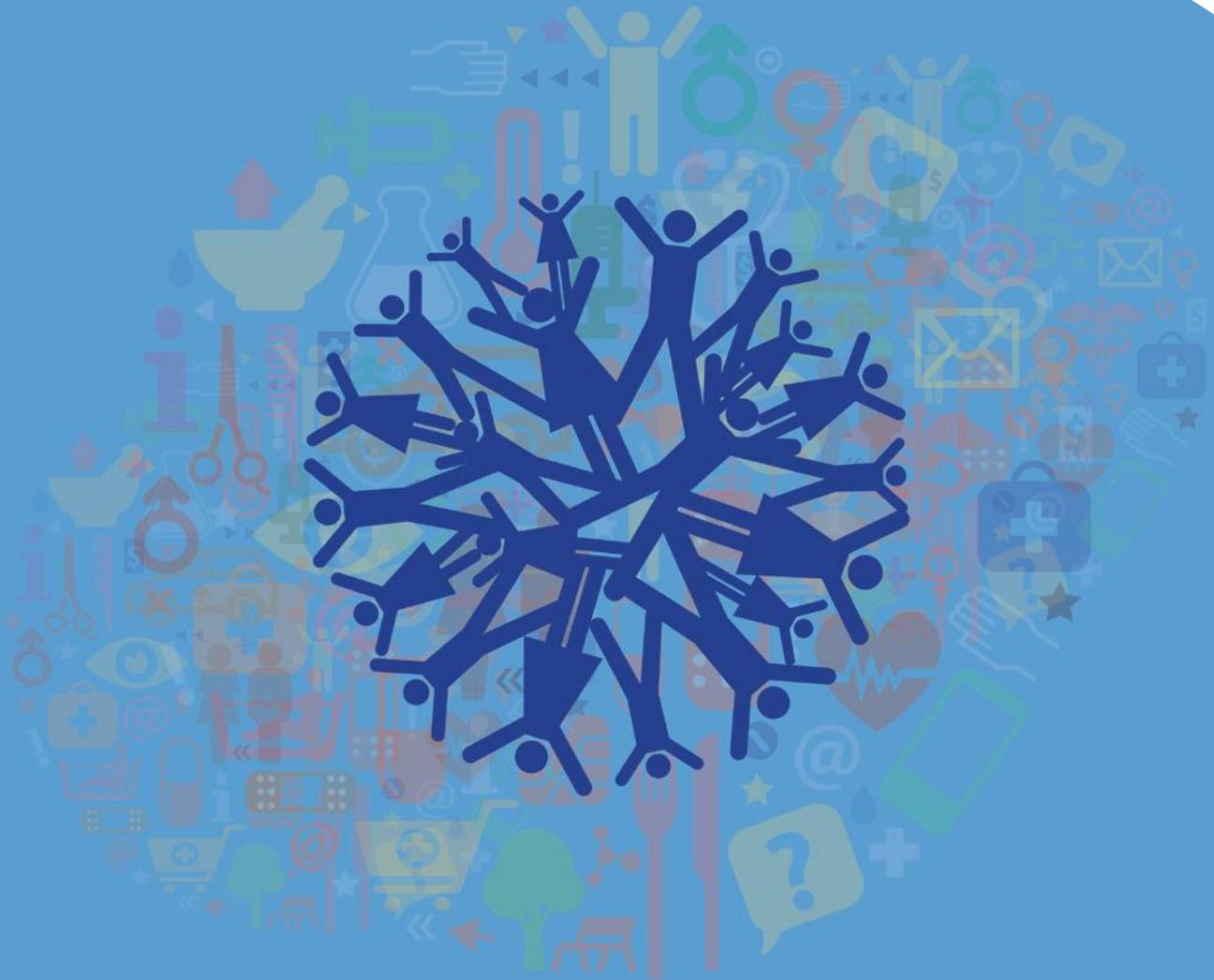


CHCMHS008

Promote and facilitate self advocacy

Release 1



Learner guide

CHCMHS008

Promote and facilitate self-advocacy

Release 1

Learner guide

Aspire Version 1.2



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Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	February 2019	Minor corrections as part of our continuous improvement program

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Before you begin

This learner guide is based on the unit of competency *CHCMHS008 Promote and facilitate self-advocacy*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Assist individuals or groups to identify their issues, rights and preferred options	1A Apply strategic questioning to clarify advocacy issues	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Review and provide information on self-advocacy in relation to individual or group issues	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Assist others to clarify their own needs and rights and to determine if their rights are being infringed or not being met	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Work with others to evaluate and negotiate advocacy options	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Document advocacy options	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Enable individuals to gain self-advocacy skills	2A Build a shared understanding about advocacy issues and choices available	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Identify potential barriers and relevant strategies to overcome them	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Collaboratively develop an individual's self-advocacy strategy and arguments	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Provide opportunities for practising self-advocacy	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
	2E Identify and utilise self-advocacy resources	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Support individuals to document the circumstances and events relevant to the advocacy situation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Follow up and support individuals after self-advocacy	3A Follow up and reflect with the individual on the self-advocacy process and outcomes, and identify strategies and next steps	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Provide additional advocacy support to individuals to further enhance their self-advocacy efforts	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Promote self-advocacy	4A Model aspects of self-advocacy through assertive communication skills	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Identify and use opportunities to promote the right of individuals to self-advocate and develop promotional material	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Encourage a culture of self-advocacy and dignity of risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4D Raise awareness about barriers to self-advocacy	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

1A Apply strategic questioning to clarify advocacy issues

1B Review and provide information on self-advocacy in relation to individual or group issues

1C Assist others to clarify their own needs and rights and to determine if their rights are being infringed or not being met

1D Work with others to evaluate and negotiate advocacy options

1E Document advocacy options

Assist individuals or groups to identify their issues, rights and preferred options

People with mental health needs can be among the most disadvantaged in society, and face many barriers as a direct result of their illness. Stigma, discrimination and misunderstanding about mental health are major barriers that can sometimes be worse than the illness itself. Altering perceptions about mental illness is critical to breaking down some of the barriers that stigma, discrimination and misunderstanding create.

Advocacy is about standing up for the rights of others and ensuring that people's opinions and preferences are heard in matters affecting their daily lives. An advocate is anyone who presents the opinions, requests, rights or needs of people or groups of people, for the purpose of negotiating on behalf of those they represent. Where possible, or desired by the individual or group, the advocate provides support to a person to advocate on their own behalf. This is called self-advocacy. The promotion and facilitation of self-advocacy contributes to a person's self-determination, empowerment and right to make informed choices in regard to all aspects of their life.

1A Apply strategic questioning to clarify advocacy issues

As a mental health worker, you will be responsible for assisting individuals or groups who decide to undertake self-advocacy, to identify their issues, rights and preferred options. They will need to understand how the self-advocacy process works and what is required of them. By asking strategic questions, you can clarify the advocacy issues of the individual or group.

Strategic questioning involves asking a question that will make a difference to the person's current way of thinking about or viewing an issue. Strategic questions should be about the person's experience; invite new thinking; and foster hope, imagination and new possibilities.



Apply strategic questioning

Strategic questioning means creating personal and social change through the skill of asking questions that will make a difference to the person's or group's relevant issues. Strategic questioning will assist individuals or groups to actively solve problems and develop processes for action, rather than just discussing the issue. Asking questions that encourage others to explore alternative options can lead to unexpected and innovative solutions.

The following information is adapted from *Strategic Questioning: an approach to creating personal and social change*, by Fran Peavey. The full article may be read at:

- ▶ <http://aspirelr.link/strategic-questioning>

The following outlines the different features of strategic questioning.

Features of strategic questioning

- ▶ Creating motion by enabling the structure of the conversation to move from static to dynamic
- ▶ Creating options by exploring alternatives while avoiding questions that are suggestive
- ▶ Avoiding 'why' questions such as asking people to justify their position or opinion
- ▶ Avoiding 'yes' or 'no' answers by asking questions that defuse dualistic thinking and encourage people to be creative
- ▶ Empowering the person by allowing the person to develop their own original ideas, rather than putting ideas into their head.
- ▶ Thought-provoking as it challenges the person's values and assumptions on which their issue is based

- ▶ Simple – each question addresses one issue at a time, minimising the need for analysis
- ▶ Encouraging active participation by creating ownership of the information with the person answering the questions

Use an ethical approach

When applying strategic questioning, it is critical that you keep your own identity, ideas and opinions out of the process. Adopt an empathetic approach to listening without manipulating or controlling the conversation. Carefully design your questions so that the answers materialise from the individual or group affected, rather than providing your own ideas and suggestions.

Tips for using strategic questioning

- ▶ Use curiosity in lieu of judgement.
- ▶ Make sure questions do not include assumptions.
- ▶ Allow others to express their feelings without offering solutions.
- ▶ Shift your own ideas to take into account new information.
- ▶ Empower the individual or group entering into self-advocacy.

Types of strategic questions

In Fran Peavey's assessment of approaches to change, Peavey identified strategic questions that should be asked when working with individuals or groups who want to self-advocate.

The types of strategic questions are described here.

Focus questions

Focus questions identify the situation and gather the key facts necessary to understand the issue. These are context questions, rather than strategic, required to establish a general understanding of the issue to be discussed.

Example: 'What are you most concerned about in the area of mental health services?'

Observation questions

Observation questions focus on the information a person or group has heard regarding the issue.

Example: 'Which sources do you trust and why?'

Feelings questions

Feelings questions are concerned with body sensations, emotions and health.

Example: 'How do you feel about the issue?'

Visioning questions

Visioning questions help to identify the individual's or group's beliefs, values, dreams and ideals.

Example: 'How do you feel about the issue?'

Change questions

Change questions move from the static to the dynamic or from the present situation to a more ideal situation.

Example: 'What exactly needs to change here?'

Alternative questions

Alternative questions help to identify and evaluate alternatives.

Example: 'What are the consequences of each alternative you see?'

Personal inventory and support questions

These questions identify an individual's interests, potential contributions, and support required for them to act.

Example: 'What do you like to do that might be useful in bringing about these changes?'

Personal action questions

Personal action questions are designed to get to the specifics of what to do, when to do it, and how it should be done.

Example: 'Who do you need to talk to?'

Clarify advocacy issues

Asking strategic questions of an individual or group will allow you to clarify their advocacy issues. Sometimes there may be a number of issues faced by a person. If this is the case, ask questions that get to the root cause of the problem so you can get a clear idea of what the person's main advocacy issue is and work to help them solve their own problems, one at a time.

Write down the answers an individual or group gives you so you can refer back to the information in the future, and record how you assisted them to prepare for self-advocacy.

Strategic questioning will allow you and the self-advocates to:

- ▶ identify the main issue; for example, what makes them angry or upset
- ▶ clarify how the issue makes them feel; for example, angry or upset
- ▶ identify who is causing the problem; for example, the self-advocate or somebody else
- ▶ discover why the issues makes a person feel a certain way; for example, that their rights are not being met
- ▶ identify when the issue occurs the most; for example, when the person is alone, or with others
- ▶ identify where the issue occurs the most; for example, in one place, or in many places.

Example

Apply strategic questioning to clarify advocacy issues

Rani, a mental health worker, meets with a group of employees who wish to advocate on the issue of their employer meeting the needs of employees with mental health issues. Rani is asked by the group’s representative, Sarah, to advise and assist the group with how they can effectively participate in self-advocacy. To clarify the group’s advocacy issues, Rani asks the group a series of strategic questions with the purpose of eliciting creative answers that empower the group to develop their own original ideas. Rani understands the importance of keeping her own identity, ideas and opinions out of the process. The first question Rani asks the group is, ‘How could the current situation be changed to be just as you would like it?’ One of the group members, Clifton, says that he would like the employer to identify possible workplace practices, actions or incidents that may cause, or contribute to, the mental illness of workers, and take actions to eliminate or minimise these risks. The group agrees with Clifton’s summary and Rani begins to understand their self-advocacy needs.



Practice task 1

Read the case study, then answer the questions that follow.

Case study

Raj is employed as a mental health worker at a health advocacy organisation. Raj is responsible for assisting individuals and groups to influence stakeholders in mental health policy. A group wishes to advocate on the issue of getting the government to expand its support for cognitive behaviour therapy (CBT) as a mental illness prevention strategy. They are not sure of the best way to do this. The group comes up with an idea to commence a social media campaign that reaches out to politicians, health care professionals, and other stakeholders responsible for developing mental health policy in Australia. Raj meets with the group to discuss their self-advocacy approach.

1. When questioning the group, what should the first question clarify?
.....
2. Provide one type of question Raj should ask to identify the situation and gather the key facts necessary to understand the issue.
.....
3. Provide two tips for Raj on how he could ask strategic questions that do not manipulate or control the conversation.
.....
.....

Click to complete Practice task 1

1B Review and provide information on self-advocacy in relation to individual or group issues

Self-advocates represent and promote the issues and ideals that are important to them. In the mental health sector, self-advocates might actively promote the better access to mental health services, or advocate for the protection of vulnerable people when accessing mental health services.

Many people can successfully advocate on their own behalf, and there are others who may experience difficulty speaking up for themselves. As a mental health worker, you may be required to review and provide information on self-advocacy that will assist individuals and group to effectively advocate for a variety of issues relevant to them.



Mental health and mental illness

In order to review and provide information on self-advocacy in the mental health sector, you need to understand the difference between mental health and mental illness. The term 'mental health' is often misunderstood and interpreted as referring to mental illness. Mental health is a desirable quality, relevant to all people, regardless of whether or not they are experiencing, or recovering from, a mental illness or disorder.

The following definitions will help you understand the difference between mental health and mental illness.

Mental health

Mental health is a positive concept relating to the social and emotional wellbeing of individuals, groups and communities. Mental health refers to a person's ability to enjoy life, cope with stress and sadness, fulfil their goals and potential, and develop a sense of connection to others. Mental health issues arising from life stressors can interfere with a person's cognitive, emotional or social abilities, but may not meet the criteria for a diagnosed mental illness or disorder. However, if mental health issues are not resolved, they may develop into a mental illness.

Mental illness

A mental illness or mental disorder is a clinically diagnosable condition that significantly interferes with a person's cognitive, emotional or social abilities. The diagnosis of a mental illness is generally made according to a classification system used by health professionals such as general practitioners, psychologists and psychiatrists. There are different types of mental illnesses with varying degrees of severity. Types of mental illness include:

- ▶ mood disorders, such as depression, anxiety or bipolar disorder
- ▶ psychotic disorders, such as schizophrenia
- ▶ eating disorders
- ▶ personality disorders.

Types of mental illness

Many people experience mental health problems such as anxiety and depression at some stage in their lives, often as a response to stress. Most mental health problems do not usually last as long as a serious mental disorder and do not have the same impact on a person's life. However, they do cause distress and can affect the way a person thinks and feels for a time. For this reason, people affected should seek treatment as soon as possible so occasional problems do not develop into something more serious.



Depression

Depression is the most common mental health problem and, according to the World Health Organization (WHO), one of the leading contributors to the global burden of disease and disability. Depression affects people of all ages, genders and backgrounds, and WHO predicts the impact of depression will continue to grow worldwide.

Treatment for the milder forms of depression involves a combination of medication and psychological treatments, such as cognitive behaviour therapy and interpersonal psychotherapy.

A person with depression may have symptoms such as:

- ▶ a prolonged and unusually sad mood
- ▶ loss of interest in activities they previously enjoyed
- ▶ tiredness and lack of energy
- ▶ loss of confidence and low self-esteem
- ▶ difficulty sleeping
- ▶ difficulty concentrating and making decisions.

Anxiety disorders

As with depression, most people experience anxiety from time to time, but this does not mean they have an anxiety disorder. Normal anxiety is not as severe as an anxiety disorder; it does not last as long and does not disrupt a person's work or social relationships to the same extent. There are a number of different types of anxiety disorders, including generalised anxiety disorder, panic disorder, phobic disorders, post-traumatic stress disorder and obsessive-compulsive disorder.

The following includes an outline of the symptoms of anxiety disorders.

Physical

Symptoms may include rapid heartbeat, palpitations, hyperventilation, sweating, headaches, nausea, vomiting, diarrhoea, tremors and muscle aches and pains.

Psychological

Symptoms may include racing mind, unrealistic and/or excessive fear, blankness, memory and concentration problems, irritability or being on edge, confusion and sleep disturbance.

Behavioural

Symptoms may include avoidance of certain situations, distress in social situations or crowds and obsessive or compulsive behaviour, such as continuous hand-washing.

Serious mental illness

The term serious mental illness (SMI) is often used to describe more severe or chronic (longer lasting) mental disorders, such as schizophrenia and bipolar disorder.

Here is an outline of some of the more serious mental disorders you may encounter working in the mental health sector.

Bipolar disorder

Bipolar disorder is a mood disorder that can also be classified as a psychotic disorder.

It is an illness where a person experiences extreme moods; for example, very elevated or very low and depressed. Some people may experience both extremes, while others will experience one or the other. Treatment includes medication and community support programs.

Examples of extreme moods include being or acting:

- ▶ high and excitable
- ▶ grandiose and reckless
- ▶ helpless
- ▶ sometimes suicidal.

Borderline personality disorder

People with borderline personality disorder (BPD) may experience distressing emotions, have difficulty relating to other people and may exhibit self-harming behaviour.

Treatment includes a combination of psychological therapy, medication and community support.

Symptoms may include:

- ▶ feelings of abandonment and insecurity
- ▶ confusion and contradictory feelings
- ▶ impulsiveness and reckless behaviour
- ▶ self-harm
- ▶ possible psychotic symptoms such as delusions.

Major depressive disorder

Depression is an illness that affects the way a person feels, causing low mood and persistent feelings of sadness and helplessness. The person may also experience physical aches and pains and thoughts of suicide. Treatment includes medication, individual therapy and community support programs.

The variety of symptoms include:

- ▶ extreme sadness, crying or being tearful
- ▶ interrupted sleep patterns
- ▶ loss of interest in life and usual activities
- ▶ inability to concentrate or think clearly.

Schizophrenia

Schizophrenia is a psychotic disorder that affects the normal functioning of the brain causing distortions and disruptions to the way a person thinks, feels and acts. Treatment includes medication and community support programs.

The variety of symptoms include:

- ▶ confused and disordered thinking
- ▶ delusions
- ▶ hallucinations, which may be auditory and include hearing voices.

Schizoaffective disorder

Schizoaffective disorder is a psychotic disorder.

It is characterised by a combination of symptoms of schizophrenia and a mood disorder. Treatment includes medication and community support programs.

Symptoms include:

- ▶ primary symptoms of schizophrenia
- ▶ symptoms of major depression sometimes
- ▶ symptoms of a manic episode at times.

Responsibilities of mental health workers

Mental health workers are responsible for providing support and services to individuals and families experiencing mental health issues in a range of community services work contexts. This may include confidential individual, family or group counselling, support for families dealing with mental health issues, or referrals to treatment for individuals.

Mental health workers may be responsible for providing:

- ▶ early intervention strategies
- ▶ support and advocacy by engaging people with mental illness in community participation
- ▶ prevention of relapse and promotion of recovery programs such as residential rehabilitation
- ▶ work in clinical settings
- ▶ home-based outreach
- ▶ centre-based programmes delivered by community-based, non-government organisations
- ▶ employment support
- ▶ programmed respite care.

Advocates

An advocate provides support to another person to help them express their views and wishes and to help make sure their voice is heard. Advocates support people receiving mental health support to meet the outcomes they desire.

Advocacy can be on behalf of an individual, a group of individuals, a community, or for a specific cause. In some situations, a person is legally entitled to an advocate.

The role of an advocate in the mental health sector is further described here.

What an advocate will do

An advocate will:

- ▶ listen to the person's views and concerns
- ▶ help the person to explore their rights and options
- ▶ provide information to the person to help them make informed choices
- ▶ assist the person to contact relevant people or contact them on the person's behalf
- ▶ accompany and support the person in meetings or appointments, if requested

What an advocate will not do

An advocate will not:

- ▶ offer their personal opinion
- ▶ solve problems and make decisions for the person
- ▶ make judgments about the person
- ▶ disclose personal information about the person to others without permission
- ▶ take advantage of the person in any way.

Self-advocates

Self-advocates are individuals or groups who stand up for their own rights and ensure their opinions and wishes are heard in matters affecting their lives. Self-advocates should understand their rights and responsibilities, speak up for those rights, and make choices and decisions that affecting their care and recovery.

The purpose of self-advocacy is for the individual or group to decide what they want, and then develop and carry out a plan to help them achieve their goal. Self-advocates may still require help and assistance, but they make their own decisions and are responsible for the choices they make.

Questions about self-advocacy are further explored here.

Why is self-advocacy important?

- ▶ Using self-advocacy skills allows individuals and groups to decide what is important to their mental health. Self-advocacy skills enable a person to have more control and make decisions that are in their best interests. Self-advocacy empowers individuals and groups to stand up for issues important to them, and make decisions about their own lives.

When is self-advocacy useful?

Self-advocacy in the mental health sector might be useful when an individual or group:

- ▶ wants their voice to be heard
- ▶ is being assessed for care, support or treatment
- ▶ wishes to make a complaint; for example, about a service
- ▶ has an individualised care plan developed or reviewed
- ▶ wants to change a mental health policy.

Where can self-advocacy occur?

Self-advocacy can occur anywhere a person is not satisfied with the way something is done and wants to help change it. This could be:

- ▶ at home
- ▶ at work
- ▶ at school
- ▶ at the hospital or mental health facility
- ▶ at the doctor or other health specialists' premises
- ▶ at a community centre
- ▶ during a home visit.

What do self-advocates do?

Self-advocates are individuals or groups who:

- ▶ express what they think and feel
- ▶ stand up for what they believe in
- ▶ make decisions about their own lives
- ▶ are accountable for their decisions
- ▶ work to improve their lives
- ▶ try to change the way things are done
- ▶ believe they are able to achieve the things they want.

History of the self-advocacy movement

The philosophy of self-advocacy is based on empowering people to take control over their own lives, make decisions and be accountable for the consequences. Self-advocacy is a revolution for change, to allow people with and without mental health issues and illnesses to live in harmony. Self-advocacy is founded on the belief that people can work together to advocate for change that improves their daily lives. In the 1990s these ideas were absorbed into a central philosophy called self-determination.

The self-advocacy (and self-determination) movement is an international civil rights movement led by and for people with mental health disabilities, illnesses, and disorders.

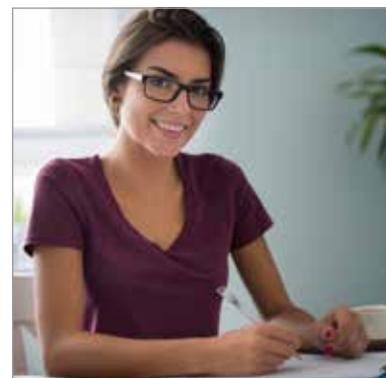
The following provides information about how self-advocacy has evolved over time, reflecting changing attitudes and approaches to assisting people with mental health needs to advocate for themselves.

Historical changes in approaches to mental health needs	
1960s	<p>The self-advocacy movement began in Sweden where people with mental health needs were supported to form and lead their own leisure clubs.</p> <p>National conferences for leisure club members were held and the participants developed statements about how they wished to be treated.</p>
1970s	<p>The leisure club idea spread to Britain and Canada, and the concept of self-advocacy spread across the United States. A group from Oregon formed a self-advocacy group called People First, because they felt their disabilities were secondary to their personhood.</p> <p>Psychiatric patients took on a more prominent role in self-care and began speaking up for their rights, needs and preferences.</p>
1980s	<p>Changes occurred in the medical area where patients were encouraged to participate in decision-making about their own care and treatment, and to be knowledgeable about the supports and services they required.</p>
1990s	<p>Participants attending a national conference in Nashville in 1991 voted to have a national coalition of state and local organisations. By 1993, there were at least 27 state-wide self-advocacy organisations.</p>
2000s	<p>People with mental health needs, illnesses or disorders are now encouraged and assisted to stand up for their needs and rights, and participate in decisions made about their care and recovery. Mental health consumers and patients are provided with legal protections against discrimination as a result of their mental health needs or illness.</p>

Values of self-advocacy

The values of self-advocacy are built on the principles of human rights and social justice. Core values are based on beliefs such as the following:

- ▶ Consumers are not defined by their mental illness or disability.
- ▶ Consumers are supported to make their own decisions.
- ▶ Consumers are valued as individuals.
- ▶ Consumers are valued as equals.



Review and provide information

Individuals and groups who wish to advocate for themselves may need information and assistance on how to promote and negotiate their rights and interests without feeling disempowered or intimidated by the system. Once you have clarified the advocacy issues of the individual or group you support, you will need to decide on what information they need to successfully participate in self-advocacy activities.

The following identifies the information that self-advocates will need to know.

Rights

Self-advocates will need to know and understand their rights in a situation, and how to assert them. They will need to identify whether there are rights to protect them in a situation, and whether those rights are being protected.

Responsibilities

Self-advocates will need to know and understand their responsibilities in a situation. They will need to identify what they need to do to make sure their rights are protected, and what action they should take to make the situation better for themselves.

Communication techniques

Self-advocates will need to possess effective communication skills so their needs, opinions and preferences are understood. They will need to have the skills to produce written documentation or promotional material that clearly communicates the message they wish to convey. Communication must be persuasive and convince others to take action or implement changes to the way things are done.

Documentation

Self-advocates will need to know what documentation they must provide to support their advocacy issues. For example, they must clarify whether they need identification papers, medical papers, immigration papers, or other critical identification documentation. They may also need to read and understand their care or support plan in a situation where their mental health recovery treatment is being discussed or reviewed.

Decision-making

Self-advocates must have the capacity and ability to make, and be held responsible for, decisions affecting their daily lives. Decisions should be reasonable and focus on the real issue. Even though self-advocates will be directly impacted by the decisions being made, they should be able to stand up for themselves without being overly emotional, confrontational or critical. To achieve their needs and wants, self-advocates should remain calm and focussed, using persuasive arguments that do not personally attack the individual or organisation they are dealing with.

Policies and procedures

Self-advocates should be made aware of any policies or procedures that relate to their situation. For example, if making a complaint about a mental health service, or behaviour of a mental health worker, self-advocates must access, read, and adhere to existing complaints procedures.

Support network

Self-advocates should know which people they can access and rely on to help them solve their problem, and who to complain to if their issues are not resolved. Self-advocates must have access to people they trust and feel comfortable talking to. They might ask a support worker to be present throughout the self-advocacy process to help them feel comfortable expressing their thoughts and feelings.

Group structure

In the case of group advocacy, individuals form a group to represent, challenge or campaign on issues affecting their daily lives. Group advocacy empowers individuals to draw on the knowledge, experience and skills of other group members when carrying out advocacy activities. It is essential that an advocacy group identifies and communicates its group structure so specific roles and responsibilities are understood, a set of rules or procedures are clearly followed, and the rights of individual group members are upheld. It might be beneficial to appoint a group leader who can organise the group’s ideas, skills and activities, and motivate others to work towards achieving advocacy goals together.

Example

Review and provide information on self-advocacy in relation to individual or group issues

Sonia, a mental health worker, is approached by a group who wants to advocate for the better treatment of people with mental health issues who are involuntarily hospitalised. The group firmly believes that individuals who are ordered to undergo an initial mental health assessment in hospital are not provided with adequate opportunities to negotiate their rehabilitation plan. Sonia meets with the group and asks them a series of strategic questions to clarify their advocacy issues. The group indicates that they would like to know where they can seek legal advice to assist individuals affected. Sonia conducts some research and discovers a mental health advocacy service that provides free independent advice about all areas of mental health law. She passes on service contact details to the group and encourages them to make contact without her assistance.



Practice task 2

1. Explain the difference between an advocate and a self-advocate.

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2. Describe two situations when self-advocacy may be useful in the mental health sector.

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3. Provide two beliefs that core values of self-advocacy are based on.

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Click to complete Practice task 2

1C Assist others to clarify their own needs and rights and to determine if their rights are being infringed or not being met

Self-advocates must understand their needs and rights, and identify situations in which their rights are being infringed upon or needs are not being met. Promoting and facilitating self-advocacy with an individual or group with mental health needs means that all of your actions and the way you work should reflect the person's right to direct their own care and recovery.

To effectively assist individuals or groups to undertake self-advocacy activities, you should first gain an understanding of:

- ▶ the rights of individuals and groups accessing mental health services
- ▶ the history, values and principles of the advocacy and self-advocacy within the mental health sector
- ▶ legal and ethical considerations for advocacy and how these are applied in organisations and individual practice
- ▶ policy and procedures relevant to the facilitation of self-advocacy.

Having this knowledge will allow you to be part of the greater shared understanding that guides the way workers deliver services to people with mental health needs.



Individuals and groups

It is important to understand the differences between the types of people accessing mental health services or seeking assistance with self-advocacy relating to mental health issues. Examples are described here.

Mental health consumers

A consumer is a person who is currently utilising, or has previously accessed, a mental health service. Mental health service consumers include individuals receiving care for their own, or another person's mental illness or mental disorder. A consumer is actively involved and able to participate in decision-making about their care and recovery. They are considered knowledgeable and capable of providing ideas and insights into the planning of their own mental health supports and services.

Mental health patients

A mental health patient is a person using mental health services, who is generally in a vulnerable position. Mental health patients seek professional medical help and treatment when they feel powerless or unable to manage their mental health issues alone.

Compulsory patients

An assessment order allows a psychiatrist to examine a person to decide whether they have a mental illness, even if they do not want to be assessed. A doctor or mental health practitioner (nurse, occupational therapist, psychologist or social worker employed or engaged by a designated mental health service) can make an assessment order. Compulsory patients can be assessed in the community or at a hospital. Compulsory patients are still afforded human rights and are encouraged to make or participate in decisions about their treatment.

Support and self-help groups

Support and self-help groups exist to provide information, programs, social networking and support opportunities to people who share common interests or experiences. There are numerous mental health support and self-help groups that provide advocacy services to the community. Some groups work together to advocate for issues a specific cause, such as schizophrenia treatment, or the prevention of post-natal depression. The purpose of these groups is to focus on the present and work on making changes to improve the lifestyles of the individuals' affected. Services are confidential, welcoming to everyone, and usually free.

Legal and ethical considerations

Legal frameworks are based on law and breaches carry legal penalties. Ethical frameworks may be, but are not always, supported by law, and may not carry legal penalties. Both are intended to support and protect the rights of people receiving services, and to reinforce the duties and responsibilities of workers. Legal frameworks are Acts of Parliament relating to service provision, with attached regulations and service standards. Ethical frameworks include declarations of human rights, codes of ethics, codes of practice and codes of conduct, and agency policies and procedures.

Mental health legislation

Each state and territory has a mental health Act that is the law governing compulsory mental health, assessment and treatment.

In Victoria, the purpose of the *Mental Health Act 2014* (Vic.) is to provide a legislative scheme for the assessment of people who have mental health needs and for the treatment of those with mental illness. It appoints various tribunals and experts including a chief psychiatrist. The Act outlines decision-making models to enable people to participate in decisions about their care that will assist in their recovery. It also outlines safeguards to protect the rights of people with mental health needs and enhances the oversight of public mental health services through the establishment of a mental health complaints commissioner.

Discrimination

To discriminate means to treat someone unfairly or favour others. Discrimination is never acceptable behaviour. It is unlawful to discriminate against people on the basis of age, gender, ethnicity, disability or impairment, marital status, sexual preference, political or religious beliefs. Organisations within Australia must comply with a variety of federal Acts, national standards, and state Acts aimed to prevent discrimination and foster equality of opportunity.

When providing mental health care support, treat all people equally. Be mindful of how cultural or gender differences may place a consumer at risk of trauma; however, avoid making assumptions, and never restrict the care you provide on the basis of culture or gender.

The following lists relevant legislation to discrimination in the mental health industry.

Relevant legislation
<i>Age Discrimination Act 2004 (Cth)</i>
<i>Racial Discrimination Act 1975 (Cth)</i>
<i>Sex Discrimination Act 1984 (Cth)</i>
<i>Workplace Gender Equality Act 2012 (Cth)</i>
<i>Disability Discrimination Act 1992 (Cth)</i>

Duty of care

Duty of care is part of the body of common law. There is no specific Act outlining duty of care – it is part of the broader legal concept of negligence. Another word for negligence is carelessness. Duty of care means that in any situation where one person's actions may affect another person, there is a legal duty to act in ways that are not careless and do not cause harm to the other person.

Duty of care principles have been established by the law of torts. 'Torts' is a legal term that can be broadly translated as wrongs.

When working with consumers who receive mental health support, you have a duty of care to offer a safe environment and to provide the best support you can in every situation.

Dignity of risk

The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. Your adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.

The right of people to make their own choices (and to fail, make mistakes and learn from them) is part of their right to self-determination. In practice, this right can sometimes come into conflict with your duty of care obligations.

Dignity of risk is an important aspect of providing mental health support, as it supports autonomy and helps empower consumers to make their own decisions. The key issue when considering the legal and ethical aspects of dignity of risk is determining an acceptable level of risk for the benefit that the activity offers.



Mandatory reporting

When working with people with mental health needs, you may become aware of situations in which a person was abused or neglected. Mandatory reporting refers to an obligation to report instances of suspected abuse or neglect. Reporting requirements vary between the state and territory legislation, but in most cases, any suspicion that a person is endangered requires the worker to report their concerns to appropriate authorities. In many workplaces, mandatory reporting requirements are extended and set out in the workplace's reporting policies and procedures. While reporting suspected abuse or neglect of older people and people with support needs may not be legally binding, your workplace will have best practice reporting procedures that you are expected to follow.

Standards for mental health

Each state and territory has its own health legislation for mental health, such as the *Mental Health Act 2014* (Vic.). For national legal considerations, you can refer to the National Standards for Mental Health Services 2010 (NSMHS). This document outlines the aims of how to improve the quality of mental health care in Australia. The first national standards were developed in 1996. These were later reviewed and rewritten to have a greater emphasis on recovery, and were endorsed in 2010.

You can also read more about these standards at:

- ▶ <http://aspirelr.link/national-standards-mental-health>

The following table sets out the 10 standards with which mental health services (MHS) should comply.

Ten standards with which mental health services should comply

- | | |
|----------|---|
| 1 | <p>Rights and responsibilities</p> <p>The rights and responsibilities of people affected by mental health needs and/or mental illness are upheld by the mental health service (MHS) and are documented, prominently displayed, applied and promoted throughout all phases of care.</p> |
| 2 | <p>Safety</p> <p>The activities and environment of the MHS are safe for individuals, carers, families, visitors, staff and its community.</p> |
| 3 | <p>Individual and carer participation</p> <p>Individuals and carers are actively involved in the development, planning, delivery and evaluation of services.</p> |
| 4 | <p>Diversity responsiveness</p> <p>The MHS delivers services that take into account the cultural and social diversity of individuals with support needs and meets their needs, and those of their carers and community throughout all phases of care.</p> |
| 5 | <p>Promotion and prevention</p> <p>The MHS works in partnership with its community to promote mental health and address prevention of mental health needs and/or mental illness.</p> |

- 6 Individuals**

Individuals have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.
- 7 Carers**

The MHS recognises, respects, values and supports the importance of carers to the wellbeing, treatment, and recovery of people with mental health needs.
- 8 Governance, leadership and management**

The MHS is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.
- 9 Integration**

The MHS collaborates with and develops partnerships within its own organisation and externally with other service providers to facilitate coordinated and integrated services for individuals and carers.
- 10 Delivery of care**

The MHS incorporates recovery principles into service delivery, culture and practice providing consumers with access and referral to a range of programs that will support sustainable recovery.

Key principles informing the Standards

Here are some of the key principles that inform the National Standards for Mental Health Services 2010.

Promote an optimal quality of life

Mental health services should promote an optimal quality of life for people with mental health needs.

Decision-making

Individuals should be involved in all decisions regarding their treatment and care, and as far as possible, be given the opportunity to choose their treatment and setting.

Nominated carer

Individuals have the right to their nominated carer/s being involved in all aspects of their care.

Collaboration

Participation by individuals and carers is integral to the development, planning, delivery and evaluation of mental health services.

Person-centred approach

Mental health treatment, care and support should be tailored to meet the specific needs of the individual.

Rights and choices

Mental health treatment and support should impose the least personal restriction on the rights and choices of individuals taking account of their living situation, level of support within the community and the needs of their carer(s).

Sustained recovery

Services are delivered with the aim of facilitating sustained recovery.

Role of carers

The role played by carers, as well as their capacity, needs and requirements, are recognised as separate from those of the individuals with support needs.

Breach of Standards

If the standards outlined in the NSMHS are not adhered to, there are no specific consequences for services delivering mental health services or their staff. These are recommended Standards but not legislation (law). The mental health Acts for each state and territory are law and therefore have penalties in place for breaches. Each of the penalties will differ for each piece of legislation.

Here is more information on the frameworks, accreditation programs and implementation guidelines of the Standards.

Quality, safety and performance frameworks

Every organisation offering mental health support and services is influenced by a number of internal and external quality, safety and performance frameworks. The NSMHS represents one component of assessment of service delivery as there are other specific state and sector legislation, associated regulation, professional regulation, accreditation and employment conditions, purchasing and funding agreements, government policy, service development and accreditation. All of these contribute to and affect the achievement of standards.

Accreditation programs

Organisations will be expected to have incorporated the standards into the relevant service accreditation programs that monitor compliance. Compliance makes up a large and important part of ensuring quality service delivery to people with mental health needs and their families, including evaluation and feedback processes.

Implementation guidelines

There are implementation guidelines that provide more detail on the implementation of the standards into an organisation. These are available for public mental health services, private hospitals, non-government services and private office-based mental health practices

Practice standards

There is also a document called the National Practice Standards for the Mental Health Workforce 2013. This outlines the expected capabilities for nurses, occupational therapists, psychiatrists, psychologists and social workers who work with people with mental health illnesses.

You can read more about these standards at:

- ▶ <http://aspirelr.link/national-practice-standards-mental-health-pdf>

Privacy, confidentiality, disclosure and record management

Each state and territory has its own legislation in relation to managing the records of people who receive services. Records management legislation promotes fair and responsible handling of information to protect privacy, provide individuals with a right of access to their records, and provide a framework for the resolution of complaints regarding the handling of records. Make sure you are aware of your state or territory's legislation.

On 12 March 2014, the Australian Privacy Principles (APPs) replaced the National Privacy Principles and Information Privacy Principles and apply to organisations, and Australian Government (and Norfolk Island Government) agencies.

There are now 13 APPs that apply to the collection, use and storage of people's information. The APPs cover the collection, use, storage and disposal of personal data. Organisations base their privacy policy and confidentiality maintenance procedures and protocols on these Principles.

The Principles may be read in full at:

- ▶ <http://aspirelr.link/privacy-principles-aus>



Here is an outline of the 13 Australian Privacy Principles.

Collection, use and storage of personal information

- 1 Open and transparent management of personal information**
Ensures that organisations manage personal information in an open and transparent way.
- 2 Anonymity and pseudonymity**
Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.
- 3 Collection of solicited personal information**
Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.
- 4 Dealing with unsolicited personal information**
Outlines how organisations must deal with unsolicited personal information.
- 5 Notification of the collection of personal information**
Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.
- 6 Use or disclosure of personal information**
Outlines the circumstances in which an organisation may use or disclose personal information that it holds.
- 7 Direct marketing**
An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.
- 8 Cross-border disclosure of personal information**
Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.
- 9 Adoption, use or disclosure of government-related identifiers**
Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.
- 10 Quality of personal information**
An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.
- 11 Security of personal information**
An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.
- 12 Access to personal information**
Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.
- 13 Correction of personal information**
Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

Confidentiality

Confidentiality refers to both written and verbal information, and is critical when providing mental health support. You will be dealing with very sensitive, vulnerable situations, which may involve very personal details. The way confidential information is managed can have a significant impact on a consumer's dignity, rights and choices, opportunities and access and self-concept, self-esteem and wellbeing.



Confidentiality is about data or information and refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using, storing and disclosing information about a person that is outside of the scope for which the information was collected. Information relating to people must be securely stored, with access limited to those working directly on the case, according to organisational policy and procedures.

Share information

When supporting a person, it may be necessary to work with a range of other agencies. A person (or their representative) must give consent before any information is shared with or accessed from another agency. Most community organisations gather this consent using a specific form. Consent is given for access to particular information for a particular purpose. You must not pass on information without the person's consent. People receiving services have a right to know what you record about them and to see their own records.

A person's record is highly confidential and you may be required to sign a confidentiality agreement when you are employed, saying you will not without consent divulge any information you have acquired during or after your involvement with people you provide services to unless legally required to do so.

Between them, agencies may share:

- ▶ information to enable referrals
- ▶ incident reports
- ▶ support plans and goals
- ▶ information about individual needs.

Disclosure of confidential information

There are some instances in which you are permitted to disclose information as part of your duties. For example, if the person is being referred on for medical treatment regarding mental health issues, the hospital, specialist or doctor needs to know the person's history, allergies and personal details. You must always obtain the person's informed consent before you disclose confidential information to a third party. There are some situations where you may be required to disclose confidential information.

Disclosure of confidential information may be required when:

- ▶ compelled by law (for example, if the person has a reportable disease or the information is requested by a court of law:
- ▶ a person's interests require disclosure and there is a serious risk that justifies breaching confidentiality; for example, risk of suicide, self-harm or harm to others

- ▶ there is a duty to the public; for example, there is public threat or concern
- ▶ the person has consented to the disclosure.

Policy frameworks

The national framework for recovery-oriented mental health services provides a new policy direction to improve and enhance mental health service delivery in Australia. It combines a range of recovery-oriented approaches developed in each Australian state and territory, and draws on national and international research to provide a national understanding and approach to recovery-oriented mental health practice and service delivery. The purpose of the framework is to improve outcomes and quality of life for people with mental health issues, illnesses and disorders.



The framework was developed through an extensive consultation process involving individuals and organisations across Australia. The lived experience and insights of people with mental health issues and their families are central to the framework. It is designed to help mental health professionals in a range of settings to align their practice with recovery principles. Mental health settings include hospitals, community mental health services and other public, private and non-government health and human service settings.

The framework applies to all people employed in the mental health service system, regardless of role, profession, discipline, seniority or degree of contact with people accessing services. It is also designed for people working in administration, policy development, research, program management and service planning.

Resources for practitioners, services, carers and mental health consumers to help in the implementation of the framework are available at:

- ▶ <http://aspirelr.link/mental-health>

Rights and responsibilities

In every organisation, whether it is public or private, small or large, everyone has rights and responsibilities. For example, an employer has a right to expect certain levels and standards of performance from employees, and employees have a right to expect certain conditions from employers. The employer is responsible for the successful operation of the organisation; employees must complete their work tasks to ensure the operation runs efficiently.

Your primary responsibility when supporting people with mental health issues is to ensure the person's safety.

Employee rights	Employee responsibilities
<ul style="list-style-type: none"> ▶ A safe workplace ▶ A workplace free from harassment and discrimination ▶ Access to a grievance (complaint) process ▶ Wages in accordance with the award rates ▶ Clear direction of their duties 	<ul style="list-style-type: none"> ▶ Following policies and procedures to work in a safe manner at all times ▶ Complying with a duty of care and follow instructions carefully ▶ Being competent and work within their level of training ▶ Being willing to learn and train in new skills ▶ Being punctual, courteous and respect cultural and social diversity

Individual's rights and responsibilities

Most community services organisations will have policies and procedures that express and protect the rights and responsibilities of the people receiving services. These policies may be based on legislation and legislated standards, as in the disability services sector; or on individual organisational values. Information about the rights and responsibilities of the people receiving services from a particular organisation or within a particular industry sector can be found in service standards, professional practice standards and organisational policies.

Here are some examples of an individual's rights and responsibilities.

Rights

Individuals have the right to:

- ▶ be treated with respect and dignity
- ▶ be consulted
- ▶ be involved in the decision-making process
- ▶ have their privacy and confidentiality respected
- ▶ a complaints process.

Responsibilities

Individuals have the responsibility to:

- ▶ supply the service with information needed to provide appropriate support
- ▶ respect the rights of the person providing support
- ▶ respect the privacy and dignity of the person providing support
- ▶ notify the services of changes in support requirements
- ▶ ensure their home is safe for support staff.

Employer's rights and responsibilities

Here are some rights and responsibilities of an employer.

Rights and responsibilities of an employer include the following:

- ▶ Provide a safe work place.
- ▶ Ensure you have all the skills, knowledge, training and qualifications required to carry out your role competently.
- ▶ The right to expect certain levels and standards of performance from employees

Work role boundaries

Working within the legal responsibilities and limitations of your role is essential. If you step outside these boundaries, you may cause harm to people who receive services and you may also risk legal action for damages against you and your employer. Understanding legal responsibilities and limitations protects the people you provide support services to, yourself, your employer and your colleagues.

The key source of information setting out the responsibilities and the limitations of your work role is a duty statement. When a duty statement is developed, the employing organisation will check relevant legislation and service standards, as well as organisational policies, to make sure the duty statement meets these requirements. Organisational policies and procedures are also sources of information.



Work health and safety

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect, replacing the *Occupational Health and Safety Act 1991* (Cth). This model legislation was developed by the Commonwealth government to harmonise workplace health and safety laws across Australia.

The object of the harmonisation of work health and safety laws, according to the *Explanatory Memorandum – Model Work Health and Safety Bill* (Safe Work Australia, 2010), is to:

- ▶ protect the health and safety of workers
- ▶ improve safety outcomes in workplaces
- ▶ reduce compliance costs for business
- ▶ improve efficiency for regulatory agencies.

For the Act to be legally binding, it must be passed by the Parliament in each state and territory.

WHS laws are based on duty of care principles applied specifically to places of work. This means that everyone in a workplace has a duty and responsibility to contribute to safety. Employers have a duty to provide a safe work place; workers have a duty to follow WHS policies and procedures and to identify and report safety issues.

Exercise rights

By exercising their rights, a person with mental health needs can play a role in changing attitudes and reduce the negative stigma attached to mental health. By changing stereotypes and the perceptions held by the community and portrayed in the media, the public can be made more aware of the facts about mental illness. This means that people with mental illness are more likely to be included by their community and feel less isolated.



An individual might exercise their rights through self-advocacy. This means the person can influence the way their service is provided. A person might also exercise their rights at a government level, in which case the person can have input into policy and government plans for current and future mental health services.

Determine when rights are being infringed or unmet

Mental health consumers have a right to self-determination under mental health legislation and standards, but there are instances where these rights are infringed or are not being met by mental health service organisations, professionals, or treatment facilities. This is especially so in the absence of consent. As a mental health worker you must assist individuals and groups to determine if their rights are being infringed or not being met.

The following table describes examples of human rights violations of mental health consumers and strategies recommended by the World Health Organization (<http://aspirelr.link/who>) to eliminate or minimise the risk of these violations occurring.

Violation of right	Cause	Recommendation
A lack of access to basic mental health care and treatment	<ul style="list-style-type: none"> ▶ Inadequate services available ▶ Lack of budget or other resources ▶ Lack of beds available in mental health facilities 	Mental health services should be made available at the community level of anyone who needs it.
Inappropriate forced admission or treatment in mental health facilities	<ul style="list-style-type: none"> ▶ Informed consent not sought ▶ People forced to remain against their will in a mental health facility for a long period of time 	Informed consent must form the basis of all mental health care and services. Rigorous and ongoing procedural safeguards must be in place to protect against the overuse and abuse of involuntary admission and treatment.

Violation of right	Cause	Recommendation
Violations within psychiatric institutions	<ul style="list-style-type: none"> ▶ The use of illegal physical restraints ▶ Unsafe and unhygienic living conditions ▶ Insufficient heating or cooling facilities ▶ People kept in seclusion for long periods of time ▶ People isolated from society and their families due to distance 	Monitoring bodies must be set up to ensure that human rights are being respected in all mental health facilities.
People experiencing discrimination and violations of their basic rights, inside and outside of psychiatric institutions	<ul style="list-style-type: none"> ▶ Stigma in society relating to mental health issues ▶ Deprivation of civil rights, including the right to vote, marry, or have children ▶ Limited access to employment, education, and shelter 	People with mental health needs must be afforded the same human rights as everyone else and be protected from discrimination, especially people who belong to a vulnerable group.
Inappropriate detention in prisons	<ul style="list-style-type: none"> ▶ People with mental illnesses or disorders are detained in prison due to a lack of mental health services or facilities 	People with mental illnesses and disorders should be diverted away from the criminal justice system and towards mental health services.

Social justice principles

Social justice contains the notion of equality and equal opportunity in society. It may also be viewed as ‘justice as fairness.’ Social justice principles target the marginalised and disadvantaged groups in society. People with mental health issues often fall into the category of the marginalised and disadvantaged. Social justice principles may include human rights, self-determination, access and equity, participation and empowerment.



Human rights

Human rights recognise the value of every person, regardless of background, where we live, what we look like, what we think or what we believe. Human rights are based on principles of equality and respect, shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives. Respect for human rights underpins the values and principles of the mental health sector and should be applied by all workers when supporting consumers with mental health issues. It allows all people to contribute to society and feel included.

Treat all people in your care with respect. Ensure the person has access to a safe environment, and use principles of cultural safety when supporting them. The following lists relevant Australian human rights legislation.

Australian human rights legislation

Australian Human Rights Commission Act 1986 (Cth)

Age Discrimination Act 2004 (Cth)

Disability Discrimination Act 1992 (Cth)

Racial Discrimination Act 1975 (Cth)

Sex Discrimination Act 1984 (Cth)

Self-determination

Self-advocacy is built of the principles of self-determination. As a mental health worker, it is critical that you do not control or make decisions for the mental health consumer, but instead, advise and oversee the person, and encourage them to make the right decision that meets their individual needs.

The mental health consumer should be the person responsible for deciding how their recovery program is developed and administered. Not only does this involvement give them the opportunity to choose services and strategies that meet their needs, but it also reinforces the person's self-determination and respect.

Your goal as a mental health worker is to work in partnership with the person to develop their sense of self-empowerment and build independence, participation in the community, and the skills and confidence to determine and implement their own decisions. The four principles of self-determination are outlined in the following.

Freedom

The ability of individuals and groups with freely-chosen representatives to plan and make decisions about their lives with necessary support, rather than to adopt a pre-planned program developed by the mental health system.

Authority

The ability of individuals and groups, with freely chosen representatives if necessary, to control the use of resources in order to obtain mental health supports and services.

Support

The arrangement of resources and personnel, both formal and informal, that will assist a person with mental health needs in everyday living.

Responsibility

The acceptance of a valued role in a person's community through competitive employment, networking opportunities, organisational affiliations, spiritual development, and general caring for others in the community, as well as accountability for spending money in ways that are life-enhancing.

Access and equity

Recognising and respecting diversity means encouraging access and equity for everyone. The law make sure that people in the community and within organisations offering mental health services do not discriminate or act with prejudice.

Knowledge of the cultural and religious factors that impact a person allows mental health workers to develop relationships based on respect and where communication reflects and recognises the importance of these values to the person. Mental health workers need to reflect on how a person’s culture may affect that person’s behaviour and thoughts.



Attitudes towards mental health have changed dramatically over the years. Approaches to working with people with mental health needs have also changed to reflect these shifts in attitude. Such changes have also influenced political, government and economic decisions. In some cases, social attitudes have changed as a result of policies and decisions made by governments.

Empowerment

Empowerment is a major principle of the mental health sector and drives the way mental health workers support people with mental health needs. Empowerment is about power dynamics and encourages the idea that people with mental illness are the experts in their own lives. Empowerment supports these people and their families to make informed decisions and choices about their goals, needs and delivery of services. A disempowered person will find it difficult to make choices and decisions, and may see themselves only as a patient.

The following offers a comparison between an empowered and a disempowered person.

Qualities of an empowered person	Qualities of a disempowered person
<ul style="list-style-type: none"> ▶ Decision-making power ▶ Access to information and resources ▶ Assertiveness ▶ Understanding that people have rights ▶ Uses the opportunity to contribute to the development and management of mental health services ▶ A positive self-image and overcomes stigma 	<ul style="list-style-type: none"> ▶ Doesn't feel they have a say in their own life ▶ Can't make choices or solve problems ▶ Unable to work or make their own way in life ▶ Feels little or no value as a person ▶ Struggles to take on responsibilities such as managing their own health or being a productive employee

Example

Verbal and written information

Confidentiality applies to all written and verbal information about a person. Refer to the following for specific examples of written and verbal communication.

Written information

Written information includes:

- ▶ case notes
- ▶ medical information
- ▶ contact details of person
- ▶ incident reports
- ▶ meeting minutes
- ▶ letters, emails and faxes pertaining to a consumer
- ▶ individual plans or goals and individual reviews
- ▶ applications for funding, packages or programs
- ▶ referral letters or emails.

Verbal information

Verbal information includes:

- ▶ telephone calls
- ▶ meetings
- ▶ consultations
- ▶ case conferences
- ▶ informal discussions
- ▶ home visits
- ▶ presentations.

Practice task 3

1. Provide one aspect of self-advocacy that you should understand in order to effectively assist individuals or groups to undertake self-advocacy activities.

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2. Describe two ways that support and self-help groups assist people with mental health needs.

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3. Provide one example of information that may need to be shared between agencies.

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4. Provide one benefit of upholding dignity of risk in service practice.

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5. Provide two key principles that inform the National Standards for Mental Health Services 2010 (NSMHS).

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Click to complete Practice task 3

1D Work with others to evaluate and negotiate advocacy options

As a mental health worker, you should work with individuals and groups to evaluate and negotiate their advocacy options. Self-advocacy is just one form of advocacy available to mental health consumers. There may be other advocacy options that are more appropriate for people to use in addressing their mental health issues.



A person with mental health needs may require the assistance of an advocate to represent the person's interests, needs, rights and preferences in situations where the person:

- ▶ is not mentally strong enough to represent themselves
- ▶ does not have the requisite skills and knowledge
- ▶ does not have access to appropriate resources
- ▶ is not confident in self-advocacy
- ▶ does not have the mental or physical capacity to make decisions about their care and treatment without assistance.

Whenever you work with mental health consumers, you must ensure that you work within your work role boundaries, responsibilities and limitations.

Advocacy functions

Advocacy is the process of standing alongside an individual or group who is disadvantaged, and speaking out on their behalf in a way that represents their interests, needs, rights and preferences. The purpose of advocacy is to bring about beneficial outcomes in a way that enables each mental health consumer to retain as much control and independence as possible over how it is delivered. Advocates provide information and advice to people with mental health needs in order to assist the person to take action to resolve their own concerns, or may take an active role in representing the individual or group's rights to another person or organisation.

The following outlines the functions of advocacy.

Functions of advocacy

- ▶ Promoting the interests of mental health consumers to ensure government, agency, and service provider accountability
- ▶ Monitoring compliance with international and national obligations
- ▶ Scrutiny of legislation, programs and initiatives
- ▶ Conducting or coordinating research to promote best practice in relation to mental health
- ▶ Resolving complaints and conducting inquiries into individual concerns

- ▶ Supporting and assisting mental health consumers to access services or obtain redress for complaints or issues
- ▶ Encouraging the development of structure to enable people with mental health needs to be active participants in the decision-making processes affecting their lives.

Advocacy approaches and options

Self-advocacy approaches are underpinned by the principles of the Mental Health Act 2014 (Vic.). There are various advocacy options available. Evaluate the situation of the person you support and help them to select an advocacy option that suits their needs and interests, and that will achieve the best possible outcome. The primary focus should be on the person with mental health needs, and you should present them with all available options to ensure they receive the most comprehensive service available. Take action to link consumers with existing community-based services with the goal to make these services more amenable to the consumer.

Some of the advocacy options available are listed here.

Self-advocacy

Self-advocacy means standing up for yourself. Anyone can act as their own advocate. It involves a person making an informed decision about an issue important to them and then taking responsibility for bringing about the change necessary to make their choice a reality.

Individual advocacy

Individual advocacy focuses on changing the situation of one person to protect their rights to improve individual supports and services. Individual advocacy supports people with mental health needs to exercise their rights, through either one-to-one support, or by supporting people to advocate for themselves individually, through a third party or on a group basis. This form of advocacy can be informal with a person's parent, guardian, or other family members, friend, neighbour, or other person taking on the advocacy role.

Group advocacy

Group advocacy represents the rights and interests of a whole group with similar concerns or issues. This type of advocacy occurs when individuals get together to represent issues affecting them. Group advocacy enables individuals with confidence and support to challenge major issues that would not have attempted to face on their own.

System advocacy

System advocacy seeks to introduce and influence long-term changes to ensure the rights of people with mental health needs are upheld to positively affect the quality of their lives. System advocacy is used to change the policies, rules or laws that determine how mental health services are provided. System advocacy efforts could be directed at a local, state or national agency and be directed at changing a written or unwritten policy, or changing a law. System advocacy activities may include lobbying, petitions, campaigns, media releases, or social media communication strategies.

Peer advocacy

Peer advocacy is provided by people who have accessed mental health services themselves, or who share similar experiences with the person they are supporting. A peer advocate must understand the diverse needs of the person they support, such as differences in culture, race, gender, sexual orientation, and age.

Legal advocacy

Legal advocacy seeks to uphold the rights and interests of people with all types of mental health issues by addressing legal aspects of instances of discrimination, abuse, or neglect.

Parent advocacy

Parent advocacy works with parents of to enable them to act as advocates with an on behalf of a family member with mental health needs. Parent advocates work on the basis that the rights and interests of the person with mental health needs are upheld at all times.

Crisis advocacy

Crisis advocacy involves a one to one relationship between a paid or unpaid advocate and someone who is vulnerable, or at risk of being mistreated or excluded in their access to mental health services. Crisis advocacy is usually a short-term, one-off arrangement organised to deal with a particular crisis.

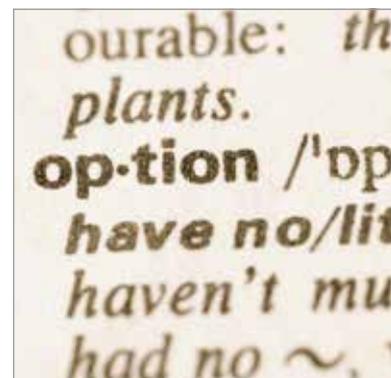
Professional advocacy

As well as legal advocacy, professional or specialist advocacy may also be provided by others who have specialist skills, knowledge, and expertise in an area pertaining to a person's mental health issue. Specialist health advocacy services are available in each state and territory to advocate for individuals and groups with specific mental illnesses, such as schizophrenia, for example.

Evaluate options

Evaluating advocacy options for an individual or group will depend on their situation, their advocacy issue, and their individual needs and preferences. Generally, you can evaluate advocacy options by:

- ▶ holding discussions with people of identified choice for the purpose of addressing a specific concern or issue
- ▶ holding discussions with individuals or services of choice based on acquisition of accurate information to achieve self-advocacy
- ▶ holding discussions about the differences between advocacy and self-advocacy and related services.



The role of the advocate

As an advocate, your role is to assist and provide support to an individual or group of mental health consumers, in order to have their voice heard. It is not up to you to negotiate an outcome that meets the needs of both parties, as is the way in mediation or conciliation. You must position yourself on the side of the individual or group you represent, and be biased in meeting the person's needs, rights or interests.

Negotiation is a bargaining process between two or more parties, seeking to reach an agreement to settle a matter of mutual concern or resolve a conflict. Negotiations are conducted by a negotiator who confers with others in order to come to terms or reach an agreement.

The differences between key roles in the negotiation process are described here.

Facilitation

Facilitation refers to the intervention of a third party to promote the resolution of conflict. A facilitator helps a group of people to understand their common goals and assist them to plan how they can achieve these goals. The facilitator must remain neutral and not take a particular position during the discussion.

Mediation

Mediation is an informal, confidential, voluntary process, where a mediator helps two parties resolve a conflict. The mediator does not represent either party, and must remain neutral in helping them to come to an agreement.

Conciliation

Conciliation is a voluntary and informal method of resolving a dispute. An independent conciliator can help the parties explore options for a resolution without the need for a formal conference or hearing. Most unfair dismissal cases in Australia are resolved in this way, with an agreement made between the parties at this informal stage.

Arbitration

Arbitration is the private, judicial determination of a dispute by an independent third party. An arbitration hearing may involve the use of an individual arbitrator or a tribunal. Arbitration is an alternative to court action and just as final and binding (unlike mediation, negotiation and conciliation that are non-binding).

Types of support

When providing support or advocacy services for people with mental health needs, it is useful to consider and review the types of support that can be offered. These are outlined here.

Types of support that may be required

Emotional support

Living with mental illness can be emotionally demanding and stressful. Offering emotional support and empathy may be required.

Practical support

Practical support includes housing, transport, managing finances and completing forms.

Financial support

Many people experience financial hardship because their earning capacity is impacted. They may need financial assistance.

Spiritual support

Many people find comfort in their spiritual beliefs and need these nurtured. Acknowledging their value without necessarily believing them yourself demonstrates empathy.

Physical support

Some people with mental health needs can become aggressive, risking the physical safety of others. Support may be required to manage this risk.

Example

Work with others to evaluate and negotiate advocacy options

Jenny was diagnosed with a serious mental illness when she was 17. For the first few years she didn't consider working because she was struggling to cope with her life. She often speaks to her mental health worker, Suzi, and others at the service she attends, that she is unhappy with changes recently made to her treatment plan by her psychiatrist. She has raised the issue with her psychiatrist, but he insists that inclusion of stronger medication will be more effective for her recovery long-term.



Jenny asks Suzi if she would assist her to have a more decisive role in her treatment and recovery. Jenny says that is not confident enough to challenge her psychiatrist and would like the assistance of a third party to help her express her needs. Jenny and Suzi sit down and carefully discuss Jenny's concerns. Suzi explains to Jenny the different type of advocacy options available to her. Suzi assists Jenny to contact a mental health advocacy service in her local area that can support Suzi to:

- ▶ gain skills, knowledge and education on how to advocate for herself
- ▶ have more control over her psychiatric treatment plan, including making decision on the medication prescribed to her.



Practice task 4

1. Describe two different advocacy options.

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2. Explain how the role of an advocate differs to the role of a mediator.

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3. Provide one example of how you can evaluate advocacy options when working with a group or an individual.

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Click to complete Practice task 4

1E Document advocacy options

It may be necessary for you to document the different advocacy options selected by the individual or group you support so that they can take the information with them and evaluate their options before making a decision. Documentation could include brochures, pamphlets, printed information from a website, contact details, or other informational handouts.



Documenting advocacy options, interactions and service details about a person with mental health and/or advocacy needs is an important job that should always be done in a professional manner outlined by your organisation's policies and procedures. There are several legal requirements for the reporting, secure storage and access of these reports. The person with the mental illness should have their privacy and confidentiality rights respected and the records management system of an organisation should be such that these legal and ethical values are incorporated into their operations.

Document an advocacy action plan

If the individual or group you support decides to pursue self-advocacy or another advocacy option, you should develop a document that outlines a structure for taking action.

Here is some more information on the steps to documenting an advocacy action plan.

1. Clarify the advocacy issue

- ▶ Clearly label the issue by writing a concise and descriptive title.

2. Identify the relevant stakeholders

- ▶ Make a list of the decision-makers and other relevant stakeholders that have the power and authority to make and change policies, plans, documents, or other things relating to the issue. When collecting contact information, include the names, roles and contact details of the relevant person.

3. Plan actions

- ▶ Make a list of the actions or steps that need to be taken for the advocacy process to take place. Include timeframes for each actionable item and identify the person responsible for ensuring it occurs.

4. Take action

- ▶ Record the action that has been taken and the results that were achieved. Evaluate the effectiveness of the advocacy process and make note of any follow-up action that needs to occur. Make recommendations for how the process could be improved in the future.

Documentation

Mental health workers have a responsibility to document information about the services being delivered to people, and this documentation must be completed in the manner that reflects the policies and procedures of the organisation. Supervisors provide the necessary guidance for policies and procedures when a person first starts work with an organisation.

Failure to meet the employing organisation's standards for record keeping can put people's care at risk and can damage the reputation of the organisation. While there are many similarities between how organisations manage information and their standards for note-keeping, each service will have its own protocols that must be followed.

Records must be documented so:

- ▶ workers and others can remember what action was taken from one appointment to the next
- ▶ supervisors and other senior staff can monitor a person's progress
- ▶ people are made accountable for their actions
- ▶ files that are presented in court meet professional standards and endure legal scrutiny
- ▶ colleagues can read the reports and notes to provide continuity of care for the person
- ▶ auditing requirements by government regulatory agencies are met
- ▶ you can reflect on what strategies and actions worked and what didn't.

Verbal reports

There may be instances where you also have to make verbal reports, particularly if you are giving someone instructions or reporting a situation that requires urgent attention. You can do this by telephone or face to face.

A verbal report should never be a substitute for a written report, and important information should always be followed up or confirmed in writing. There may be instances where you are unsure of what to do or where you need to relay information verbally to your supervisor. You must always take care not to compromise the person's confidentiality, and you must always document your verbal communications.



Security and access

Do not leave records loose in the file; they should be attached together so nothing can fall out and be lost. Most case files are numbered or coded and are stored and retrieved using this code rather than the person's name.

The reasons and methods used for collecting information are governed by legislation and organisational policies concerning confidentiality and privacy. Each state and territory has laws and regulations regarding the collection, content, storage and availability of a person's records, including medical records and personal files. Ensuring confidentiality is also part of your duty of care. These policies are designed

to help organisations meet their requirements under different legislation, regulations or industry standards, including privacy laws, freedom of information legislation, regulations and codes of practice service standards and principles.

Your current or future workplace will have policies that dictate:

- ▶ how information is gathered
- ▶ who receives information about a person's progress
- ▶ how the records are stored
- ▶ who may access the records
- ▶ how information is gathered.

File documents according to organisational procedures

Information must be kept in safe and secure areas. It is common to store hardcopy files in a lockable cabinet with files stored alphabetically by surname. Personal information should not be kept in an area accessible to members of the general public. You must always follow organisational procedures for filing information to ensure that information is not lost and can be readily retrieved by authorised personnel.

Electronic filing systems are common. In most cases, software will allow information to be retrieved by using one or many fields, such as a person's last name or file number. Electronic filing systems use a password instead of a lock and key to protect the information. You should avoid logging on for another staff member and always log off when leaving the computer.

In any organisation there will be policies, guidelines and procedures about where reports and documents are to be filed. Records must be stored in the correct place so that they can be easily located and referred to when required, particularly if information has to be located quickly in an emergency.

Example

Document advocacy options

Marcelle wants to introduce an electronic record-keeping system in the mental health organisation he works for. He thinks that moving from a manual system to an electronic system will provide a more secure way of collecting and storing personal information about mental health consumers. Marcelle's manager, Clive, asks Marcelle to write a list identifying the benefits of introducing an electronic filing system. The new system will cost a considerable amount and Clive must request permission from the senior management team first.



Marcelle creates the following list of benefits of introducing a new system:

- ▶ It will help to record business transactions, including income and expenses, payments to workers and asset details
- ▶ It is a more efficient way to keep personnel and consumer records and requires less storage space
- ▶ It will be easier to generate reports
- ▶ It will automatically tally amounts and provide reporting functions
- ▶ It allows the organisation to back up records and keep them in a safe place in case of fire or theft.

Practice task 5

1. Provide one reason that information must be documented in the workplace.

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2. Provide one reason that records in the workplace must be treated with considerations to security and access.

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Click to complete Practice task 5

Summary

1. The promotion and facilitation of self-advocacy contributes to a person’s self-determination, empowerment and right to make informed choices in regard to all aspects of their life.
2. In the mental health sector, self-advocates might actively promote the better access to mental health services, or advocate for the protection of vulnerable people when accessing mental health services.
3. The promotion and facilitation of self-advocacy contributes to a person’s self-determination, empowerment and right to make informed choices in regard to all aspects of their life.
4. Once you have clarified the advocacy issues of the individual or group you support, you will need to decide on what information they need to successfully participate in self-advocacy activities.
5. Promoting and facilitating self-advocacy with an individual or group with mental health needs means that all of your actions and the way you work should reflect the person’s right to direct their own care and recovery.
6. Evaluate the situation of the person you support and help them to select an advocacy option that suits their needs and interests, and that will achieve the best possible outcome.
7. Documenting advocacy options, interactions and service details about a person with mental health and/or advocacy needs is an important job that should always be done in a professional manner outlined by your organisation’s policies and procedures.

Learning checkpoint 1

Assist individuals or groups to identify their issues, rights and preferred options

This learning checkpoint allows you to review your skills and knowledge in assisting individuals or groups to identify their issues, rights and preferred advocacy options.

Part A

1. Provide two reasons why it is important to work within your work role boundaries and limitations.

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2. Provide two indicators within psychiatric institutions that would suggest a person's rights are being infringed.

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3. Provide one aspect of negation in relation to the advocate's role.

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4. Provide one legal and ethical consideration for advocacy relating to discrimination.

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5. Provide one key issue must be taken into account when considering the legal and ethical aspects of advocacy in relation to dignity of risk.

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6. Describe one duty of care responsibility of mental health workers.

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7. Provide one aspect of arbitration that is different from mediation, conciliation or negotiation.

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8. Describe the legal and ethical consideration for advocacy regarding mandatory reporting.

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9. Describe two key principles that inform the National Standards for Mental Health Services 2010 (NSMHS).

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10. Provide two aspects of information management that Australian Privacy Principles (APPs) apply to.

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11. List one obligation that a mental health worker has in upholding WHS.

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12. List one purpose of the national mental health policy framework.

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13. Describe two responsibilities people accessing mental health advocacy services.

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14. Provide two examples of how empowerment can be demonstrated in mental health practice.

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15. Provide two principles of self-determination.

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16. Provide one way access and equity can be applied in mental health practice.

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17. Provide two ways you can ensure human rights are upheld in your service.

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18. Provide a brief description of what confidentiality obligations apply to.

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19. Provide one example of when information may be disclosed.

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20. Provide one aspect of individual self-advocacy.

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21. Provide one aspect of group self-advocacy.

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22. Provide one aspect of system self-advocacy.

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23. Explain historically, how people were first supported as part of the community.

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24. Provide two beliefs that the core values of self-advocacy are based on.

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25. Provide one aspect that the philosophy of self-advocacy is based on.

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26. List two reasons why information must be recorded and documented.

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Part B

Read the case study, then answer the questions that follow.

Case study

Millie is 25 years old and has been diagnosed with a mental illness. Millie explains to her support worker, Chen, that her job is very important to her. An opportunity for promotion has arisen in her workplace. Millie asks Chen to assist her in advocating for her rights as an employee to be considered for the position. She explains to Chen that she does not have any reservations about being to fulfil her responsibilities to her employer but she is not confident that her employer will uphold her rights. Millie asks Chen for some information to help her with self-advocacy. Chen needs to ask Millie more questions regarding her issue, so that he can assist Millie to actively solve the problem and identify a way of going forward.

1. Develop three ways that Chen can ensure his questions to Millie are strategic.

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2. Describe two types of information Chen could provide to Millie about self-advocacy.

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3. Describe two rights Millie has as an employee.

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4. Describe two responsibilities Millie has as an employee.

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5. Describe one responsibility of Millie's employer.

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Topic 2

In this topic you will learn how to:

- 2A Build a shared understanding about advocacy issues and choices available**

- 2B Identify potential barriers and relevant strategies to overcome them**

- 2C Collaboratively develop an individual's self-advocacy strategy and arguments**

- 2D Provide opportunities for practising self-advocacy**

- 2E Identify and utilise self-advocacy resources**

- 2F Support individuals to document the circumstances and events relevant to the advocacy situation**

Enable individuals to gain self-advocacy skills

Mental health workers are responsible for enabling individuals to gain self-advocacy skills so that they have the knowledge needed to succeed, and are given the opportunity to participate in decisions that affect their lives.

Mental health workers actively contribute to the facilitation of self-determination and empowerment by collaborating with individuals to develop their self-advocacy strategy and arguments, and helping them to overcome any potential barriers that could prevent the person from accessing mental health supports and services.

Building self-advocacy skills in an individual is best achieved by practice. Using the numerous resources available, mental health workers should provide opportunities for individuals to role play self-advocacy experiences that equip them to successfully make decisions about their care and recovery in the future.

2A Build a shared understanding about advocacy issues and choices available

Building a shared understanding about the advocacy issues and choices available allows mental health workers to collaborate with the people they support to make decisions about advocacy strategies and actions, and develop self-advocacy skills in the person so that they can effectively achieve their advocacy goals.

When assisting an individual or group to develop an advocacy strategy and build advocacy skills, it will be necessary for everyone involved to have a common understanding about the advocacy issues central to the situation. The best way to do this is to ask questions and use the person's answers to guide your planning and determine the information you need to provide.



Ask questions

To identify, clarify and build a shared understanding of an individual or group's advocacy issues, a series of questions will need to be answered.

Questions may include the following:

- ▶ What is the issue?
- ▶ Is this a new issue?
- ▶ What is the scale and impact of the issue?
- ▶ Who is at the cause of the problem?
- ▶ What rights are being infringed upon?
- ▶ Has anyone else tried to change this issue?
- ▶ Who is responsible for making the changes?
- ▶ What is it that we are unhappy with?
- ▶ Is the issue a complex one?
- ▶ What is the root cause of the problem?
- ▶ What rights are not being met?
- ▶ What needs to change?
- ▶ Do the changes need to occur immediately?
- ▶ Can the issue be addressed slowly or over a specified period of time?

Gather information

You should encourage and motivate the person with mental health needs to conduct independent research on the advocacy issues relevant to their situation. This will ensure they make an informed decision about the advocacy goals they set, and the advocacy options they choose.

Encourage the person with mental health needs to discuss their issues with as many people as possible (if appropriate) to gain an understanding about the scale and impact of the issue, whether it impacts anyone else in the community, and whether it is something that can be changed at all.

Information contained in brochures, academic publications, newspaper or magazine articles, handouts, meeting minutes, reports, or other print materials will be useful resources for building a shared understanding of the issue. The person with mental health needs could also attend support group meetings, discussions on the issue, or meet with people directly impacted by the same problem to brainstorm ways that advocacy could be used to achieve the desired outcome.



Consider possible solutions



Assist the individual or group to consider all possible solutions of the advocacy process. This should include the solution they hope to receive, the actions required of them to reach their desired solution, and whether they are prepared to do what it takes to achieve their goals.

By having a comprehensive understanding of the best case scenario, the individual or group will be more motivated to work to achieve their ideal solution.

It is just as important that you assist the individual or group to consider other possible solutions that may be acceptable, but not ideal. They may need to consider what they are willing to sacrifice, what issues they are willing to compromise on, and other issues that they consider non-negotiable.

Example

Build a shared understanding about advocacy issues and choices available

Rochelle works for a mental health advocacy service in NSW. Rochelle is responsible for providing free and independent legal information, advice and assistance about mental health law to individuals who are appearing before the Guardianship Division of the NSW Civil and Administrative Tribunal (NCAT). Warren is referred to Rochelle by his mental health support worker. Five years ago Warren was diagnosed as having schizophrenia. He seeks to appeal a financial management order that has appointed Warren’s sister as the manager of his financial affairs. The order states that Warren is incapable of making his own decisions about his finances. Warren ran a successful landscaping business for over thirty years and has built up a considerable portfolio of shares and property during this time. He is worried that his sister will take advantage of her financial guardianship and that he will lose ownership of his assets in the process.



Rochelle meets with Warren to discuss how she can act as his legal advocate to deal with this issue. She asks Warren a series of questions to get to the bottom of his issue, including his concerns, his goals, and the solution he hopes to achieve. While Warren seeks to regain the financial management of his wealth, he understands that his mental illness sometimes inhibits his ability to make rational decisions relating to his finances. He tells Rochelle that he would consider his ex-business partner and trusted friend, Simon, to collaboratively manage Warren’s finances with him instead.

Practice task 6

1. List two aspects of the advocacy issue that must be shared with as many people as possible to ensure there is a shared understanding of the issue.

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2. Identify two ways a person with mental health needs could gather information relating to their advocacy issues.

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3. Provide one reason it is important for a person with mental health needs to consider all possible solutions that could result from the advocacy process.

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Click to complete Practice task 6

2B Identify potential barriers and relevant strategies to overcome them

To effectively assist individuals and groups to participate in self-advocacy, you must identify any potential barriers to self-advocacy and relevant strategies to overcome them. Developing a respectful relationship with a person with mental health needs allows you to have an understanding of the common key issues that many people face.



Potential barriers

People with mental illness face a range of barriers that can impact their treatment and recovery. Such barriers might stem from misconceptions based on a lack of knowledge and community understanding, and can result in discrimination and prejudice. The attitudes of others might cause a person with mental illness to set up internal barriers that inhibit their recovery and can lead to low self-esteem and a lack of belief in themselves. Developing a positive relationship based on respect and understanding of these barriers means that the person is more likely to exercise their rights, direct their own recovery, and facilitate self-advocacy.

The following outlines potential barriers to self-advocacy.

Potential barriers

- ▶ Organisation or service system culture
- ▶ Discrimination, prejudice and judgemental attitudes
- ▶ Insufficient and inaccurate provision of information and withholding of critical information that would promote and support the achievement of self-advocacy
- ▶ Language, literacy and numeracy issues
- ▶ Cultural context and situational interpretations of empowerment and protocols
- ▶ Geographic, economic and social barriers

Social barriers

People with mental health issues and illnesses face a range of social barriers that impact their ability to recover and access opportunities for self-advocacy. Most of these barriers stem from negative beliefs, lack of knowledge about mental illness in the wider community and lack of appropriate resources and services. Often the person themselves internalises negative beliefs, which makes it more difficult for them to respond to barriers.

Misconceptions and lack of understanding about mental illness result in stigma or negative attitudes about people with mental health needs. This serves to perpetuate stereotypes and misinformation. Many people may be sympathetic to someone with physical disability, but they are often uncomfortable with someone with mental health needs.

Some of the reactions to mental illness within the community are outlined here. The following reactions explore how the unwillingness to learn about mental illness results in the spread of misinformation.

Reduced contact

When people reduce contact with or fail to understand someone with mental illness, they further isolate and stigmatise the person. When people are unwilling to try to understand what it might be like to have mental health needs, they are demonstrating that they don't want to learn or think about mental illness. Understanding comes from empathy.

Embarrassment

People are often embarrassed by someone who does not behave in expected ways or conform to particular roles. When people feel embarrassed by the person, they may reduce contact.

Spread of misinformation

Only a relatively small percentage of people have a chronic illness. Media often reinforces many negative stereotypes and regularly sensationalises reports about people with mental illness who are involved in crime. There is no real reason to believe that a person with mental health needs is more dangerous than other members of the community.

Internal barriers

Stigma may create internal barriers for people with mental illness, such as loss of self-esteem and lack of belief in themselves. Those who encounter discrimination and prejudiced behaviours often start internalising the beliefs of others. They learn that the wider community generally does not understand or trust a person with a mental illness. This can lead to a negative cycle that does not assist in recovery.

People with mental health issues or illness may:

- ▶ feel like they don't have the same rights as others
- ▶ blame themselves for their condition
- ▶ be afraid to raise the issue with family, friends, or health professionals
- ▶ give up on believing they can be well
- ▶ give up trying to get a job or somewhere decent to live
- ▶ lack the literacy skills to read or write information about mental health services
- ▶ be resistant to change
- ▶ feel different and ashamed
- ▶ be less likely to seek the treatment they need
- ▶ feel too embarrassed to acknowledge their need for assistance

- ▶ expect to be rejected and treated disrespectfully
- ▶ become less confident of their ability to control and direct their lives
- ▶ experience feelings of intimidation when advocating
- ▶ fear a negative outcome.

Systemic barriers

The practice of managing mental illness is becoming more widely accepted. Overall, society is generally committed to supporting people who have mental health needs; however, people with mental illness still face long-term issues including a lack of services and lack of appropriate training and responses from many in the health sector.

Here are some of the systemic issues and barriers faced by people with mental health needs.

Lack of access to accommodation and work

- ▶ People with mental illness may live a life of extreme hardship because of a lack of opportunities and services to help them obtain work and suitable accommodation. Many live on disability pensions, and struggle to survive and can only afford basic accommodation. Lack of access to jobs or other opportunities for earning entrenches poverty and causes stress that may worsen mental illness.

Lack of appropriate government policies

- ▶ When stigma exists against a marginalised group of people, governments and policy-makers can more easily ignore the needs of this group. For example, the high incidence of homelessness among people with mental illness is not an issue that many people are aware of or are concerned about, so it is not a high priority in terms of government developing policies and spending money to address the issue.

Other systemic issues that impact people with mental illnesses

Other systemic issues may include:

- ▶ a lack of coordinated government services to cater for people with mental illness
- ▶ a lack of resources and staff to develop appropriate services for people with mental illness
- ▶ a lack of affordable and safe housing
- ▶ a lack of services to treat people with mental illness and substance misuse problems
- ▶ a belief that people with mental illness cannot recover.

Attitudes and stigma

Misconceptions about mental illness and lack of understanding result in stigma, prejudice, discrimination or negative attitudes about people with mental health needs. A lack of knowledge in the community can serve to perpetuate negative stereotypes and misinformation. Stigma, fear and lack of understanding by other people may make it harder for people with mental illness to get jobs, maintain friendships and participate in social activities. People may be sympathetic to someone suffering a physical disability but they are often uncomfortable around someone with a mental illness.

Stigma is stronger against some forms of mental disorder than others. For example, psychotic disorders such as schizophrenia and schizoaffective disorder have greater stigma than anxiety disorders. Many people believe that people with serious mental illness cannot hold a job, be a responsible parent or contribute to society in any way. People are inclined to ridicule or be fearful of those with serious mental illness because it is outside their experience and they don't understand it.

Here are some common misconceptions and stigmas attached to serious mental illnesses (SMI).

Judgments

- ▶ People with mental illness have intellectual disabilities.
- ▶ They should be segregated from the community because they can't look after themselves.

Characteristics

- ▶ People with mental illnesses are lazy and indulge in self-pity.
- ▶ They are violent and dangerous.

Generalisations

- ▶ People with mental illness can't work.
- ▶ They can never get better and will always be a burden on society.

Behaviour

- ▶ People with mental illness are unpredictable and untrustworthy.
- ▶ They are scary and crazy.

Overcome barriers to self-advocacy

Your ability to effectively assist individuals and groups to overcome potential barriers to self-advocacy can be using a strength-based approach to practice. This type of approach acknowledges that all people have skills and capacities, and encourages individuals and families to build on these strengths, encouraging self-direction and self-advocacy. Self-direction encourages a person and their family or carers to make their own choices.

Strategies may include ensuring:

- ▶ policies and procedures support the promotion and facilitation of self-advocacy
- ▶ professional development includes self-advocacy promotion
- ▶ the provision of accurate and timely information about individual and group rights relevant to each situation and context
- ▶ the use of cultural consultants in relevant situations
- ▶ information is presented in a way to promote access and equity while addressing individual literacy, language and numeracy skills.

Communication

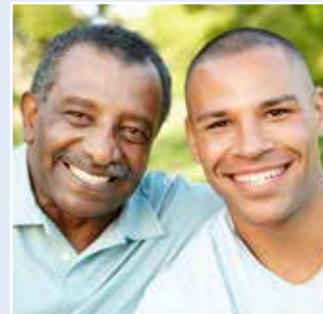
Mental illness can affect anyone. As a result, mental health workers may encounter people from many different backgrounds. Mental health workers must show respect and understanding of cultural and linguistic differences when communicating with people of all cultural backgrounds to encourage the person's self-advocacy and self-determination.

Some people with mental health needs may have had negative experiences of the mental health sector and its systems and structures. This may be based on an experience where they have not been listened to and their opinions have not been acknowledged. It is important to ensure that during the communication process to participation is encouraged and the person's opinions are acknowledged.

Example

Identify potential barriers and relevant strategies to overcome them

Ethan is 21 years old and has recently been diagnosed with bipolar disorder II. His father, Donald, is feeling overwhelmed. He is afraid for his son's future and he is angry with his wife because he feels she is unable to cope, leaving him to manage the situation. Donald generalises about the treatments he has heard are given to people with bipolar disorder, although he readily acknowledges he knows nothing about the disorder or its treatment.



He speaks with a mental health support worker who acknowledges Donald's feelings and empathises by demonstrating a willingness to understand the situation from Donald's point of view. Together they identify Donald's need for information about the illness and its treatment and how to access that information. They talk about the emotional support the family needs now and how this may change over time.

Practice task 7

1. Describe two strategies that can be used to ensure that the service provides a strength-based approach to self-advocacy.

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2. Provide two systemic barriers issues and barriers that may be faced by people with mental illness.

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3. Provide two contributors to social barriers.

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[Click to complete Practice task 7](#)

2C Collaboratively develop an individual's self-advocacy strategy and arguments

As a mental health worker, you are responsible for working with an individual to collaboratively develop their self-advocacy strategy and arguments.

Collaboration is one of the key principles that inform the national mental health standards. Participation by individuals and carers is integral to the development, planning, delivery and evaluation of mental health services.

You should adopt a team approach to facilitating self-advocacy in collaboration with the individual. Communication and teamwork skills are required to ensure that the person is making the decisions and is guided and supported by the mental health team.



Self-advocacy argument and strategy

An argument refers to the reason or set of reasons given in support of an idea, action or theory. In the context of self-advocacy, an argument is the reason why mental health providers and professionals should do what an individual or group wants them to do. The argument supports that person's position and justifies why their mental health needs, interests and opinions must be met.

The self-advocacy strategy is developed to raise a person's mental health issue and deliver their argument. The strategy works as an action plan that identifies what will be done, how it will be done, who is responsible, and in what timeframe must it be completed.

Tips for developing effective self-advocacy arguments and strategies are listed here.

Self-advocacy arguments

Arguments should:

- ▶ be factual and measurable where possible
- ▶ be supported by verifiable evidence demonstrating the significance of the issue
- ▶ validate the position taken by the individual or group
- ▶ influence perceptions, policy and systems
- ▶ be communicated in a language and tone that is not aggressive
- ▶ be reasonable and proportionate.

Self-advocacy strategy

Self-advocate strategies should:

- ▶ focus on the main goal
- ▶ be detailed and specific
- ▶ clearly describe the issue
- ▶ provide an argument as to why action or change is required
- ▶ indicate the action that should be taken to resolve the issue
- ▶ clearly identify an opportunity for the other party to rectify the issue
- ▶ use polite and assertive communication
- ▶ record important information and interactions that have taken place.

Prepare the self-advocacy strategy

Prior to a self-advocacy strategy being developed and implemented, a number of steps must be completed. These are listed here.

1. Define the advocacy goal

Once you have agreed on your priority issue or advocacy goal, you should set out how the self-advocacy strategy will address them.

The individual must decide what they would like to occur, and when. Setting an advocacy goal enables the individual be clear about what they are trying to achieve, and will assist you in your planning and design of other objectives along the way.

The self-advocacy goal should result in positive changes to the individual's life. Assist the individual to identify and plan for all possible solutions of the self-advocacy process.

2. Identify the target audience

Once the individual has agreed on what they want to achieve from the self-advocacy process, you must assist them to identify which people and institutions you need to influence to make sure the goal is achieved.

Conduct research and analysis to build your understanding of the relevant decision-makers and influential stakeholders to identify the self-advocacy target audience. Once the audience has been identified, you can determine the best way to influence them.

3. Consider past cases or decisions

Mental health workers should consider how similar issues have been resolved in the past. Self-advocates should use past cases or decisions to identify how others have been successful in the past. They should also consider cases that were not successful and identify any similarities in their existing argument.

4. Consider legal and ethical responsibilities

You should provide the individual with information pertaining to their rights as laid out in legislation. Research should be conducted to ascertain whether the individual has a legal right to have their specific needs met, or whether there is recourse where a need has been infringed upon. Having a strong legal argument enables the support worker/advocate to enter into the advocacy process from a strong position.

5. Identify people who can help

Identify the appropriate people, service providers, organisations or agencies to approach who can help the individual to achieve their self-advocacy goal. This should include people who have an interest in the result of the self-advocacy process. It is also beneficial to identify potential opponents so that any threats to the success of the proposal can be reduced or planned for.

Contact people for assistance in writing, by the phone, online, or during a face-to-face meeting. Make sure you follow other yours and other organisation's policies and procedures when making a complaint, or filing a request for a meeting.

6. Develop the message

A strong overarching message will hold the entire self-advocacy strategy together. In order to influence decision-makers, you should invest time in developing the key message early in the self-advocacy planning. The message should grab the attention of the target audience and have a real memorable impact. There are two types of messages in self-advocacy:

- ▶ **Primary message:** This is the most universally compelling message for the target audience. It should:
 - Include a statement about the issue
 - include evidence to support the argument
 - include an example
 - highlight what the individual wants to achieve
 - describe the action desired to resolve the issue.
- ▶ **Secondary message:** This explains how the goals of the primary message will be met. There can be several secondary messages that are designed for more specific audiences.

7. Select a messenger

The self-advocacy message will have a different impact depending on who is delivering it. Messengers should be chosen strategically and selected based on the influence they have over the target audience. In self-advocacy, the individual will be the messenger. You should build self-advocacy skills in the individual to ensure they maximise on their opportunity to express themselves and have a significant impact on the target audience.

8. Identify opportunities and activities to deliver the message

Decide on the best way to get the individual's message heard by the target audience. The best opportunity will be a situation in which the audience can easily hear, receive, and clarify the individual's request.

The message should be carefully formatted so that it can be communicated via a variety of mediums. Self-advocacy is most effective when messages are delivered in a variety of ways that reinforce and complement each other.

9. Identify gaps and areas in need of improvement

Before developing the self-advocacy strategy, you should consider the individual's self-advocacy resources, including previously established partnerships, alliances, support groups, or information available to you that will influence the outcome of the process.

It may be useful to conduct a SWOT analysis that identifies the strengths, weaknesses, opportunities and threats presented by the self-advocacy strategy you plan on using. You should identify the financial resources available to facilitate self-advocacy and ascertain whether this will impact on the success of the process.

10. Manage risks

Conduct research during your self-advocacy planning to identify any potential risks to the individual's achievement of their self-advocacy goals. Examine the likelihood of the risk(s) occurring and the impact it may have on the self-advocacy strategy. This can assist you to plan and implement risk treatment strategies that minimise the chance of risks occurring.

11. Consider the alternatives

Encourage the individual you support to consider what they would do if the self-advocacy process didn't go to plan. Develop contingency plans (if possible) for the individual to revert to if necessary. Brainstorm the external conditions that may change and cause you to rethink your self-advocacy plan. Assist the individual to be flexible in their self-advocacy preparations to prepare for a range of possible scenarios.

Develop and implement the self-advocacy strategy

You should always keep the individual's advocacy goal at the centre of your mind when developing the self-advocacy strategy to ensure that you correctly identify and determine what needs to be done to achieve that goal. Identify the strategies that will most likely influence the party you are targeting. Make sure the strategy is effective so that the argument has a significant impact.

Once you and the individual have developed and selected the most appropriate strategy, you should develop an action plan that outlines what needs to be done, when it should be done, who is responsible, and the timeframe in which the action must be taken. The action plan should clearly identify the steps that must be taken to achieve the individual's advocacy goals and resolve their issues.

Implementation of the self-advocacy strategy and action plan should involve all those required to ensure the self-advocacy process is successful.

Collaborative approach

Collaboration is a vital component of a person-centred approach. It empowers the person by encouraging them to develop an understanding of what they want and need, and supports them to make decisions and choices to control all aspects of their lives. It also reflects a commitment to the values related to human rights such as dignity and empowerment, respecting the person’s right to ask what they want. A collaborative approach means that the person you support has a say in the strategies developed to meet their goals, and it encourages a commitment by all parties to implement the agreed strategies.

Successful collaboration requires:

- ▶ unconditional positive regard; you may not like all the people you support but you must accept and support them
- ▶ receptivity; all parties must be open and responsive to different outlooks, approaches and suggestions
- ▶ active involvement; collaboration can only work if all parties are focused on the same outcomes and working together
- ▶ active listening between all parties; this fosters an open, honest and respectful relationship.

Difficulties in meeting goals

It is not unusual for a person to face difficulties in meeting the goals of their self-advocacy strategies. Plans to address these difficulties or barriers can be developed in collaboration with the person and others, such as a supervisor, by using problem-solving skills. When new strategies are developed they must be incorporated into the person’s self-advocacy strategy.

Here are some suggested strategies that can be used by mental health workers to address common barriers experienced when there are difficulties in meeting strategic goals.

Barrier	Strategy
▶ Affected motivation to start or engage in activities	▶ Matching activities to motivation so individuals are not set up to fail
▶ Medication side effects that make it hard to engage in activities.	▶ Consulting with psychiatrist to discuss side effects
▶ Limited local resources	▶ Working with other service providers to fund and establish new services
▶ Restrictions to service delivery or limited access to emergency relief	▶ Placing the person’s name on as many relevant service lists as possible
▶ Long waiting periods for appointments due to high demand for services	▶ Calling to see if extra appointments are available and seek interim assistance

Write self-advocacy messages

To support your learning, read the following tips on developing clear and effective self-advocacy messages.

Tips for writing self-advocacy messages

- ▶ Summarise the change you want to bring about, or the issue you wish to resolve.
- ▶ Make messages simple, short and concise.
- ▶ Ensure messages are jargon-free.
- ▶ Tailor the message to your target audience.
- ▶ Include a deadline for when you want to achieve your goal.
- ▶ Include reasons why the change or issue is important to you.
- ▶ Write the message using language that has a memorable impact.
- ▶ Repeat the message until it gains influence.
- ▶ Be consistent.
- ▶ Combine your emotional and rational arguments.

Adapted from Water Aid (2007), *The Advocacy Sourcebook*. Available at www.wateraid.org

Practice task 8

1. Provide two aspects of a self-advocacy strategy.

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2. Describe one way to identify gaps and areas in need of improvement in the self-advocacy strategy.

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3. Provide two common barriers that may present causing the person to have difficulties in meeting the goals outlined in the self-advocacy strategy.

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Click to complete Practice task 8

2D Provide opportunities for practising self-advocacy

As a mental health worker, you should provide the people you support with time and opportunities to build and practise their self-advocacy skills. Individuals and groups may have a comprehensive knowledge of the issue they are self-advocating for, but do not have the tools and techniques to promote and present their issue in a way that will bring about change.

The manner in which a person communicates their issue will have a significant impact on the results of self-advocacy. Mental health workers can provide opportunities for people with mental health needs to practise self-advocacy through role-play activities, the delivery of verbal presentations or practising written communication.



Self-advocacy skills

Self-advocacy skills enable a person with mental health needs to decide what they want from the mental health system, and what they should expect. When a person has good self-advocacy skills, they have more control over their care and recovery and make the life decisions that are in their best interests. Self-advocacy skills help empower individuals and groups to speak up for themselves, and make decisions that positively affect their lives.

Self-advocacy skills may include, but are not limited to:

- ▶ understanding of and use of basic choices
- ▶ awareness and understanding of own rights
- ▶ assertiveness skills
- ▶ knowledge of people and services that can offer assistance
- ▶ decision-making skills
- ▶ sense of responsibility and control over life decisions and actions
- ▶ ability to influence agency processes and policies
- ▶ ability to express needs and preferences
- ▶ self-confidence
- ▶ ability to speak up in appropriate ways
- ▶ awareness and understanding of own responsibilities
- ▶ the ability to make complex choices
- ▶ understanding and knowledge of meetings and procedures
- ▶ capacity to work effectively as part of a group.

Benefits of self-advocacy skills

People who lack self-advocacy skills are more likely to be insecure, isolated, vulnerable, and exploited.

The development of self-advocacy skills promotes:

- ▶ the ability of the individual to identify mental health issues
- ▶ the development of self-confidence and self-esteem
- ▶ independence and control over one's mental health care and recovery
- ▶ dignity and self-determination
- ▶ strengths and knowledge, which guard against exploitation and abuse
- ▶ power as an individual with rights
- ▶ the development of skills in speaking up for own needs and rights.

Practise self-advocacy skills

As a mental health worker, you should begin building self-advocacy skills in the people you support as early as possible to ensure they understand the basic concepts involved, such as choice and decision-making. Look for opportunities to build self-advocacy skills in a non-pressuring manner. Encourage individuals to participate in formal training on self-advocacy or assertiveness.

The following techniques can be used to practise self-advocacy skills.

Role-play

Provide participants with different types of situations and have them role-play what they would do. Encourage participants to face the person they are talking to, make eye contact, be aware of non-verbal cues, and speak clearly and at a reasonable pace. Role-plays are useful for demonstrating to an individual how to go about asking for what they want and need. Practise a range of different situations and outcomes to help the individual feel prepared to respond to potential challenges in self-advocacy.

Example: An individual might role-play requesting that a service provider allow them access to mental health services.

Oral presentations

Rehearsing oral presentations with a practice audience is a useful tool for teaching individuals how to deliver a speech or presentation to relevant parties. Practising public speaking allows individuals to identify their own voice tone, language style, and body language used, and makes improvements that will assist them to influence their target audience. If the individual is not enthusiastic about the issue they are presenting, it is unlikely that the target audience will be motivated to take any action.

Example: An individual could practise presenting an alternative recovery plan to a group of relevant health professionals.

Written communications

Individuals can also practise their written communication by drafting letters and emails outlining the outcomes they hope to achieve from self-advocacy activities. They could also produce mock-pamphlets, brochures or handouts that specifically describe and provide information on their relevant mental health issue. You can use practice written communications to help an individual develop their writing skills and ensure communications are concise and clear, polite, do not include disrespectful or aggressive language, and recognise the positive attributes of the person, service provider, organisation, or agency.

Example: An individual could practise writing a letter to a psychiatric health facility requesting they improve the physical conditions experienced by patients.

Example

Provide opportunities for practising self-advocacy

Ben is 44 years old and has been living with schizophrenia for nearly 25 years. He lives near a community garden, which he has been visiting regularly for three years. He enjoys the social aspects of the garden, and likes meeting people from a diverse range of backgrounds and from the local community. He is also actively involved in a peer support program targeting people with mental illnesses. When he is well he assists the teacher. Ben wants to request financial support from the local government to expand the community garden. He also wants to use the funds to recruit a paid support worker who could run a weekly peer support program in the community garden, for people with mental health needs.



Ben’s support worker, Aaron, helps Ben to develop his self-advocacy skills by asking him to draft a letter to the local council outlining his request for financial support. Once Ben has finished writing his first draft, Aaron sits down with him and provides him with information on language and formatting techniques that could be used to make the correspondence even more compelling. Aaron encourages Ben in his written communication skills and tells him that he produced a great first draft.

Practice task 9

1. Provide two ways individuals can practise their written communication as an opportunity to practise self-advocacy.

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2. Identify two benefits of teaching self-advocacy skills to people with mental health needs.

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Click to complete Practice task 9

2E Identify and utilise self-advocacy resources

To facilitate and promote self-advocacy it will be necessary for mental health workers to access a variety of resources. Mental health workers can also assist individuals to identify, source, request, access and utilise resources that will provide them with more information about self-advocacy.



Self-advocacy resources

The types of resources necessary to facilitate and promote self-advocacy vary depending on the needs and goals of the individual or group.

Examples of self-advocacy resources are listed here.



Physical resources

Physical resources include the following:

- ▶ Computer or other electronic equipment
- ▶ Software programs
- ▶ Internet access
- ▶ Paper, printer, print cartridges
- ▶ Other stationery items
- ▶ Communication equipment, such as a smart phone
- ▶ Office equipment and furniture
- ▶ Manual or electronic filing system



Financial resources

Financial resources include the following:

- ▶ Money to purchase physical resources
- ▶ Money to spend on printing and photocopying promotional material
- ▶ Resources to pay for bills for internet or phone usage



Human resources

Human resources who can help and support the self-advocate to achieve their goals may include the following:

- ▶ Key people who can help self-advocates to access their target audience
- ▶ Mental health workers or other support workers who can assist individuals or groups to prepare for self-advocacy
- ▶ Local, state or federal government agencies
- ▶ Private organisations
- ▶ Community services organisations
- ▶ Mental health service providers
- ▶ Family or friends of the self-advocate



Professional expertise

Certain experts or health professionals may be required to provide advice, evidence, or specialist expertise on an individual's self-advocacy issue, such as the following:

- ▶ Community and/or business leaders
- ▶ Employers
- ▶ Pastors or spiritual advisers
- ▶ Legal and financial advisers
- ▶ Media and media services
- ▶ Political representatives
- ▶ Ombudsman



Information

Useful information may include the following sources:

- ▶ Academic research papers and results
- ▶ Newspaper and magazine articles
- ▶ Television programs or documentaries
- ▶ Australian Bureau of Statistics data
- ▶ Social media campaigns
- ▶ Government agencies
- ▶ Libraries
- ▶ Government departments and advisory bodies
- ▶ Support groups
- ▶ The internet
- ▶ Peak industry bodies
- ▶ Other people with similar issues

Resource and referral options

There will be times when you are unable to provide all the assistance that a person and their family, carers and friends may require, and you may not have the expertise or competence to provide the assistance required. You must be able to recognise these situations and source referral options to other people or services.

Service providers that may be identified as resources options may include government, private or community-based agencies that specialise in particular needs. Your organisation may have a resource file that contains resource options with agency details and accessibility criteria. In order to utilise new resource options, such as an agency that has not been used before, you may need to negotiate with them to define roles and responsibilities of the agencies and expectations of all people involved in the new resource option.

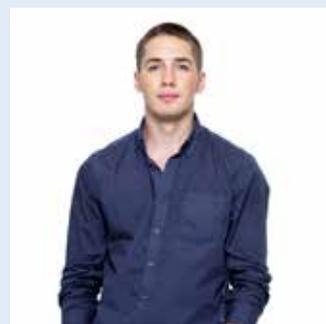
Referral options to support additional advocacy support will be determined by the:

- ▶ urgency of the situation
- ▶ wishes of the person
- ▶ ability of the current service to provide advocacy support.

Example

Identify and utilise self-advocacy resources

Lorna is a welfare worker who is working with Jacinta and her son, Charlie. Charlie is 20 years old and is experiencing confusion and delusions. Lorna's nephew displays similar behaviours and he has just been diagnosed with schizophrenia. Lorna considers disclosing her situation to Jacinta but realises that her own personal experiences could be clouding her judgment. In addition, she is aware that she is not qualified to make a diagnosis about schizophrenia. She says to Jacinta, 'There are many possible reasons for your son's behaviour. How would you feel if I referred you to a mental health specialist?' Jacinta says that she would be pleased to receive specialist advice. Lorna arranges a referral letter immediately.



Practice task 10

1. Provide one example of a situation that would identify that other resource options are required.

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2. Provide two examples of information resources that could be utilised to facilitate and promote self-advocacy.

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Click to complete Practice task 10

2F Support individuals to document the circumstances and events relevant to the advocacy situation

Self-advocates will need to document the circumstances and events relevant to the advocacy situation. Documentation will help the individual to be aware of what self-advocacy strategies and action plans they have implemented to date, and record the progress and success of their self-advocacy efforts.

All conversations pertaining to the advocacy situation, either face-to-face, or by telephone, should be recorded in writing. The self-advocate should make note of the date, time, full name of the person they have dealt with, the person's role and organisation they work for, the person's phone number or location of the meeting, and details of what was discussed. Effective note-taking will assist self-advocates to clarify the outcomes of conversations and remind the self-advocate of any follow-up actions to be carried out by either party.



Notes and records

Here are some guidelines for taking notes about conversation, circumstances and events relevant to the advocacy situation.

Be objective

Only report the facts and don't include opinions or assumptions.

Be precise

Be concise and only report relevant information that is essential to service delivery.

Be clear

Use plain English that can be easily understood by all people.

Be timely

Write your notes as soon as possible so you do not forget relevant information.

Ensure notes are complete

Notes must contain all relevant information. By omitting relevant information you may be diminishing the quality of care because decisions may not be made effectively.

Handwriting

Write as neatly as possible so other people can understand what you have written.

No personal abbreviations

Use only approved abbreviations or acronyms in all documentation.

Spelling

Use a dictionary if necessary.

Date

Date each entry in a person's file and specify whether the information has been taken from an interview or telephone conversation.

Correspondence

Notes should be made on the file each time you speak to the person or an external service provider, or send or receive correspondence.

Don't incriminate

Do not record incriminating information about the person. These records may be used in evidence in court.

Don't judge

Do not record disrespectful or judgmental comments about the person. Other people will have access to and read these files, including the person, their family and carers.

Objective and factual reporting

Professional standards require that reports and documents use objective language based on fact and observation. Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability, ensuring that individuals are described in ways that are not affected by judgments, stereotypes, assumptions or opinion. Here are examples of subjective and objective language.

Subjective language	Objective or factual language
<ul style="list-style-type: none"> ▶ Mrs Smith seemed depressed. ▶ Alex acted aggressively. ▶ Tamara looked nervous when I mentioned her parents. ▶ Mark is a drug addict. ▶ Mr Thompson is unable to care for himself at home. 	<ul style="list-style-type: none"> ▶ Mrs Smith stated, 'I am feeling depressed.' ▶ Alex rose quickly and slammed the door saying, 'Get lost and leave me alone!' ▶ When asked about her parents, she looked down, twisted her hands and was silent. ▶ Mark is dependent on heroin. ▶ Mr Thompson requires full physical assistance with all aspects of care.

Know what information to document

Although different organisations require workers to document different types of information, here are some examples of information that is usually required when documenting self-advocacy activity.

Information required

- ▶ Basic details such as name and contact details for person and other relevant parties
- ▶ Case history such as background information, description of presenting problem and diagnosis, previous experience with service delivery and the mental health system
- ▶ The person's progress against their self-advocacy strategy, such as details the actions taken to date, the strategies and goals
- ▶ Difficulties the person is having in meeting their self-advocacy goals and actions taken to address these difficulties
- ▶ The person's concerns or difficulties they have in meeting their self-advocacy goals
- ▶ Interactions with other services, internal and external
- ▶ Copies of correspondence (in and out, including relevant emails) kept on the file
- ▶ Important dates such as court dates, appeal limitation periods, health or training appointments
- ▶ The person's permission forms such as giving permission for the worker to speak with another agency about the person's situation or to advocate on their behalf
- ▶ Follow-up action to remind the mental health worker and the person what actions they have agreed to take and when

Organisational policy and procedures

Self-advocacy information must be recorded according to your organisation's procedures. Procedures for adapting self-advocacy strategies will be outlined by the particular service organisation's policy frameworks. The expected outcomes and responsibilities must be clearly documented and communicated to all people responsible for implementing and monitoring the self-advocacy strategy. If this is done then the latest information is recorded and the person will be better supported if everyone in the care network knows what changes have occurred and why they were needed.



Example

Support individuals to document the circumstances and events relevant to the advocacy situation

Examples of basic file notes are provided here.



29/10/2015

Ming attended an appointment at the office. Her mother drove her. She stated she was feeling miserable because she is not receiving person-centred care from her assigned mental health worker. Her demeanour was very flat and her speech slow. We discussed the individual and parental advocacy options available to her. Ming left with a brochure explaining both services.

5/11/2015

Discussed with Ming my conversation with TAFE about art courses available next term. Ming was interested in the drawing course but we agreed we should discuss this again at our next meeting as Ming was struggling to concentrate.

Ming has an appointment with Dr Flynn tomorrow.

Meeting cut short as Ming wanted to return home to sleep.

Follow up – phone Ming in three days to touch base and at next appointment discuss drawing classes.

Practice task 11

1. List two types of information that must be included when documenting circumstances and events relevant to the advocacy situation.

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2. List one way that documentation can assist a self-advocate after the conversation or discussion has taken place.

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Click to complete Practice task 11

Summary

1. Mental health workers are responsible for enabling individuals to gain self-advocacy skills so they have the knowledge needed to succeed, and are given the opportunity to participate in decisions that affect their lives.
2. Mental health workers should encourage and motivate the person with mental health needs to conduct independent research on the advocacy issues relevant to their situation.
3. People with mental illness face a range of barriers that can impact on their treatment and recovery, which might stem from misconceptions based on a lack of knowledge and community understanding.
4. Participation by individuals and carers is integral to the development, planning, delivery and evaluation of mental health services.
5. The self-advocacy strategy is developed to raise a person's issues relating to their mental health and deliver their argument.
6. Individuals and groups may have a comprehensive knowledge of the issue they are self-advocating for, but may not have the tools and techniques to promote and present their issue.
7. Self-advocates will need to document the circumstances and events relevant to the advocacy situation.

Learning checkpoint 2

Enable individuals to gain self-advocacy skills

This learning checkpoint allows you to review your skills and knowledge in enabling individuals to gain self-advocacy skills.

Part A

1. Provide one reason it is important for the mental health worker and the person they support to build a shared understanding about advocacy issues and the choices available.

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2. List two questions that can be asked to gather information used to identify, clarify and build a shared understanding of an individual or group's advocacy issues.

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3. Briefly describe the two types of messages in self-advocacy.

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4. Provide two examples of self-advocacy human resources.

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5. Provide one reason that is it important to document events relevant to the advocacy situation objectively.

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- Provide a brief description of one common misconception and stigma that is attached to serious mental illnesses.

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Part B

Read the case study, then answer the questions that follow.

Case study

Dariah is a refugee who has been seeing a counsellor, Jacquie, whom she was referred to by her support worker Meredith. Dariah tells Meredith that she feels as though Jacquie is judging her and she also feels she is experiencing prejudice. Dariah also feels that Jacquie has difficulty understanding what Dariah means when she is speaking with her. As a result, Dariah does not want to continue seeing Jacquie despite of needing mental health support.

Meredith knows that she needs to address the barriers to Dariah getting the assistance that she needs.

- Identify two potential barriers to Dariah’s mental health support.

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- Identify two aspects that Meredith should consider when assisting Dariah to develop her self-advocacy argument.

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- Describe two methods Meredith could use to help Dariah practise self-advocacy.

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Topic 3

In this topic you will learn how to:

3A Follow up and reflect with the individual on the self-advocacy process and outcomes, and identify strategies and next steps

3B Provide additional advocacy support to individuals to further enhance their self-advocacy efforts

Follow up and support individuals after self-advocacy

What you do after advocacy or self-advocacy action has taken place is just as important as the action itself. Mental health workers should have a follow-up plan in place to confirm the individual or group's understanding of the self-advocacy process and agreed-upon actions. Reporting self-advocacy action is important for monitoring and evaluating the process and measuring the achievement of self-advocacy goals.

3A Follow up and reflect with the individual on the self-advocacy process and outcomes, and identify strategies and next steps

Self-advocacy can be carried out by individuals or members of a group. For people to be empowered in self-advocacy, developing skills in planning and preparation is required. Reflection is a strategy to promote the development of self-advocacy skills.

As a mental health worker together with the person, you should follow up and reflect on the self-advocacy process and outcomes. This will assist you to identify whether further strategies are required and what steps are to be taken.



Follow up with the individual

When you follow up after an advocacy or self-advocacy process that has produced an agreement, or actioned a change, you are creating a forum for individuals to report back on how their issue has been resolved, and to explain both the successes and challenges since the action was taken.

Follow-up is a vital part of any self-advocacy process, especially in situations where the self-advocate has requested changes to their mental health care, treatment or recovery plan.

Follow-up strategies are described here.

Follow-up techniques



Reflection

Reflection enables the individual to identify things that were done well, as well as things that could have been done differently to achieve a better outcome. Assisting individuals to reflect allows them to improve their future self-advocacy efforts.

Ask the individual questions that prompt reflection, such as the following:

- ▶ Are you satisfied with the outcome you have achieved?
- ▶ Are you on track with your self-advocacy plan?
- ▶ Does the advocacy approach need to be improved?
- ▶ Do you have any new goals?



Measure success

One of the easiest ways to measure the success of self-advocacy is to ascertain whether the individual’s self-advocacy goals were achieved, and to what extent. For example, if the individual’s goal was to include a medication on the Pharmaceutical Benefits Scheme (PBS), success will be measured on whether the inclusion of that medication on the PBS was achieved.



Revisit goals

You should revisit the individual’s self-advocacy goals to determine whether the individual was able to meet those goals, or is actively working towards achieving them. To do this, you should assess whether the strategies used by the individual to deliver their self-advocacy argument were effective in generating a resolution or agreement.



Consider feelings

Look back through your case management notes and consider how the individual felt before and after self-advocacy took place. If the individual is feeling defeated or overwhelmed by the process, it is unlikely that the self-advocacy strategy was the best option in helping them to overcome their issue. Alternatively, if the individual is more confident and positive about their situation after self-advocacy, it is likely that the strategies and actions used were successful and beneficial.

Encourage progress

You may discover in your follow-up that the individual is still working towards achieving their self-advocacy goals. It is important that you encourage and support the individual to continue the self-advocacy process so they don’t lose motivation or feel as though they have failed to have their needs met.

Celebrate small successes and congratulate the individual on the progress made so far. If no progress has been made, it might be necessary for you to re-evaluate the self-advocacy strategy and design new activities that will be more effective in delivering the self-advocate’s message.

If progress is ongoing, conduct regular follow-up activities and ask questions that ascertain the individual’s achievements, progress and motivation levels. Ask the individual to describe any strategies they have used to further their cause, and discuss how any new or potential barriers to self-advocacy can be overcome.



Further strategies and next steps

If the individual's issue has not been resolved, or their self-advocacy goals has not been achieved, it may be necessary for you to develop further strategies and take steps that will achieve the individual's desired outcome.

Potential next steps

- ▶ Organising a meeting with the self-advocate's target audience
- ▶ Providing self-advocacy skills training for the individual
- ▶ Informing a local member of parliament about the issue
- ▶ If reasonable, bringing more attention to the issue by involving the media
- ▶ Producing promotional material on the issue and distributing it to those impacted
- ▶ Progressing the issue on to a higher authority for action
- ▶ Re-defining the individual's self-advocacy goals and identify areas they are willing to compromise on
- ▶ If applicable, providing opportunities for people to rectify their mistakes; for example, responding to a self-advocate in a way that is considered illegal or unethical
- ▶ Engaging the services of a professional advocate if the individual is no longer comfortable self-advocating
- ▶ Encouraging the individual to join an advocacy group if the issue is widespread or has a broader impact

Example

Follow up and reflect on the self-advocacy process and outcomes

Mirella works for an organisation supporting young people with depression, anxiety and other mental health issues. The organisation provides free support and assistance for people aged 12–25 who are experiencing mental health issues and want to find an education or employment program that suits their needs. Mirella also provides group activities and programs throughout the year such as mindfulness, art, personal development, sporting activities, and recreational activities.



Mirella is approached by a group of 16-year-old girls who are unhappy about the lack of access they have to mental health services and programs at their high school. Their idea is to create a link between Mirella's organisation and the school, so all students have unlimited access to mental health services and programs when they need it. The group need Mirella's assistance to turn their idea into a workable strategy but would like to advocate their issue to the school on their own. A self-advocacy strategy is implemented and it is a success. Mirella develops a follow-up plan to monitor and evaluate the effectiveness of the new services agreement on a regular basis. Mirella involves the original group of girls in the evaluation process to ensure they continue to have ownership over the strategy, and self-advocate for any changes or improvements that could be made to the program over time.

Practice task 12

Read the case study, then answer the questions that follow.

Case study

Harry has been unhappy about the waiting times involved in accessing public mental health services in non-emergency situations. Harry has been working with Candice, a support worker, to self-advocate on this issue. Harry sent a series of letters out to key stakeholders in the mental health sector clearly outlining his argument and requesting a meeting to further discuss the issue. He has not yet received a response. Candice assists Harry to make follow-up phone calls to each person who received a letter from him. None of the respondents take Harry's call and he is left feeling helpless and disillusioned. Harry tells Candice that he is no longer motivated to pursue the issue and that he may as well give up on his efforts.

1. Write three questions that Candice could ask Harry to reflect on his self-advocacy experience to date.

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2. Describe two ways that Candice could encourage Harry to continue pursuing his self-advocacy goals.

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Click to complete Practice task 12

3B Provide additional advocacy support to individuals to further enhance their self-advocacy efforts

As a mental health worker, you should provide additional advocacy support to individuals as required to further enhance their self-advocacy efforts and support them to achieve their self-advocacy goals. Individuals who do not have the skills and knowledge necessary to continue self-advocacy activities may find it difficult to progress their issue any further.



If this is the case, you may need to refer the individual to a professional and experienced advocate who can support the individual to develop their self-advocacy skills, or develop a new advocacy strategy. Providing additional advocacy support to individuals empowers and motivates them to resolve their advocacy issues.

Provide support

It may be the case that you have the requisite skills, knowledge and experience to advocate on behalf of the individual you support. In order to become an advocate, you must be confident in the skills of public speaking, conflict resolution, problem-solving and persuasive communication. You can use these skills to help an individual improve their own self-advocacy skills, access appropriate support services, identify new issues and concerns or develop new strategies to overcome barriers to self-advocacy.

If you are not qualified to advocate on the individual's behalf, you should refer the individual to an advocacy organisation or other professional. The advocate should have experience dealing with issues similar to that of the person you support. If an advocate does not have the skills, knowledge or confidence to represent the individual's rights and interests, they are less likely to achieve a reasonable outcome and may actually delay or hinder the advocacy process.

Understand the need for referral

Referral to other services and supports is necessary when:

- ▶ the assessment process and discussions with the individual reveal the person's needs are best met by another service
- ▶ only some of the person's needs can be met by your service and others must be met by external services
- ▶ the person has met their goals within your agency and is ready to move on to meet other goals at other services
- ▶ your service is only funded to provide time-limited services
- ▶ the service provided by your organisation has not worked; for example, the person has not met any of their goals so alternative arrangements must be considered

- ▶ your service is currently unable to meet the needs of the person because of resource limitations or a lack of vacancies in the program.

Consider referral services

Be sure to always provide considered and appropriate referrals for the people you support. It is important you involve the person in choosing services and ensure they have given their consent to the referral.

You should provide the person with information about a range of advocacy service options and discuss their needs with them in order to help the person choose the option that suits them best.

Considerations may include:

- ▶ how well the service matches the person's needs
- ▶ the person's wishes
- ▶ how far the person has to travel and whether suitable transport is available
- ▶ any costs involved
- ▶ eligibility requirements
- ▶ waiting periods
- ▶ agency willingness to review service provision to meet the person's needs
- ▶ whether the service has adequate feedback and complaints procedures in place.

Evaluate the benefit of referral

You should always consider the benefits of an external referral to the individual before making the decision to refer. Accepted procedures to evaluate the benefit to the individual of referral include the following.

Discuss options with the person, carers and family

- ▶ It is important that the person is willing to be referred to another agency and that, where appropriate, the person's family and/or carer also understand and agree with the need for a referral. You should discuss the range of options available with the person and their significant others to ensure everyone understands what is involved and the person can make an informed choice.

Check availability of services within the organisation

- ▶ In many cases it may be more convenient for a person to receive services within one organisation rather than having to go elsewhere. Workers should check the availability of services in their own organisation before referring the person elsewhere.

Check availability and accessibility of other services

- ▶ Before referring a person to an external agency, you should check the availability and eligibility requirements of the program or service the individual requires. If a person is not eligible or has to wait several months to receive a particular service, other options should be considered.

Make the referral

Each organisation will have their own procedures for making referrals, and you should make sure that you follow these. The steps outlined here are an example of general processes.

Process for making referrals:

- ▶ Evaluate the individual's needs and discuss the referral with the person.
- ▶ Provide information about referral sources and explore options with the person.
- ▶ Help the person to make a decision about the service that best meets their needs.
- ▶ Make contact with the chosen organisation to check eligibility and vacancies requirements and vacancies.
- ▶ Document information according to your organisation's policies and procedures.
- ▶ Provide the individual with the contact and address details of the organisation.
- ▶ Follow up with the individual and the referral agency to check that all is going well for both parties.

Make effective referrals to advocacy service providers

Consider the following tips that provide important advice and considerations for making effective referrals to advocacy service providers.

Tips for making referrals

- ▶ Keep an up-to-date list or database of services and advocacy professionals that you may be able to use for referrals.
- ▶ Know the hours, eligibility criteria and basic services provided by the services you use on a regular basis.
- ▶ Develop a relationship with people from services you use on a regular basis.
- ▶ Make sure you are always courteous to agency personnel.
- ▶ Follow up all the referrals you make and check with the individual that the referral is meeting their needs.
- ▶ When making a referral, take into account how easily it will for the individual to get to the agency.
- ▶ Be prepared to offer another referral if the first one does not work out.
- ▶ Never criticise other workers or the services they represent.
- ▶ Keep accurate records about all the referrals and follow-up calls you make.
- ▶ Seek permission from the individual before making a referral and disclosing any information about them.

Practice task 13

1. List two reasons why it is important to provide additional advocacy support to individuals.

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2. Identify two reasons why there might be a need to refer an individual to another service.

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3. Identify two considerations a mental health worker must take into account when providing a referral to appropriate advocacy services.

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Click to complete Practice task 13

Summary

1. Mental health workers should have a follow-up plan in place to confirm the individual or group’s understanding of the self-advocacy process and agreed-upon actions.
2. When following up after an advocacy or self-advocacy process that has produced an agreement or actioned a change, you are creating a forum for individuals to report back on how their issue has been resolved, and to explain both the successes and challenges since the action was taken.
3. If the individual’s issue has not been resolved, or their self-advocacy goals have not been achieved, it may be necessary for you to develop further strategies and take steps that will achieve the individual’s desired outcome.
4. Providing additional advocacy support to individual empowers and motivates them to resolve their advocacy issues.
5. If you are not qualified to advocate on the individual’s behalf, you should refer the individual to an advocacy organisation or other professional.
6. It is important that you involve the individual in choosing services and ensure they have given their consent to the referral.

Learning checkpoint 3

Follow up and support individuals after self-advocacy

This learning checkpoint allows you to review your skills and knowledge in following up and supporting individuals after self-advocacy.

Part A

List two benefits of revisiting goals in the follow-up process.

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Part B

Read the case study, then answer the questions that follow.

Case study

Mary is an older woman with a severe anxiety disorder. Mary has lived with anxiety for twenty years and has made permanent changes to her lifestyle that minimise the risk of having panic attacks. Johnanna is Mary's support worker, and she visits Mary in her home every Tuesday morning to assist her with tasks and activities that enable Mary to maintain her independence.

Up until recently, Mary had been volunteering one day per week at a local not-for-profit organisation where she was responsible for sorting through second-hand clothing to be re-sold in the op-shop. Mary suffered a severe panic attack while volunteering and her supervisor told her it may not be in her best interests to continue her volunteer work with the organisation. Johnanna assisted Mary to self-advocate for her right to social inclusion through community volunteer work, without fear of discrimination because of her mental illness. Her supervisor agreed to let Mary continue her volunteer work, but he has re-distributed her to an area where she works alone all day. Mary is disappointed with the outcome and is showing signs of depression as a result.

1. Describe two further strategies or next steps Johnanna could take to work towards a better self-advocacy outcome for Mary.

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- 2. Describe two things Johnanna should consider when making a referral to appropriate advocacy services for Mary.

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- 3. Briefly describe three points of the process Johnanna should follow when making a referral for Mary.

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Topic 4

In this topic you will learn how to:

- 4A Model aspects of self-advocacy through assertive communication skills**

- 4B Identify and use opportunities to promote the right of individuals to self-advocate and develop promotional material**

- 4C Encourage a culture of self-advocacy and dignity of risk**

- 4D Raise awareness about barriers to self-advocacy**

Promote self-advocacy

Mental health workers can promote self-advocacy by using assertive communication skills, promoting the rights of individuals to stand up for their needs and interests, encouraging a culture of self-determination and dignity of risk, raising awareness about barriers to self-advocacy, and produce promotional material.

Promoting self-advocacy empowers individuals and groups to speak up for themselves on issues that affect their lives, and make decisions about their mental health care, treatment and recovery.

4A Model aspects of self-advocacy through assertive communication skills

Assertive communication is clear in its intent – it involves standing up for your own rights and feelings while respecting the rights and feelings of others at the same time. When you communicate assertively, you are demonstrating honest but appropriate communication given the context of the situation.

Assertive communication is direct communication that relies on honesty and transparency, and on expressing one’s needs clearly without impinging on the needs and rights of others.

As a mental health worker, you should model aspects of self-advocacy through assertive communication skills. If communicating in groups, all opinions should be valued and assertive communication should be modelled and encouraged.



Assertive communication

Assertive communication skills can assist both to protect and uphold the rights of people of all ages and abilities. People will listen to an advocate when they communicate with an assertive attitude of awareness, calmness, confidence and respect.

Often it is not what we communicate, but how we communicate that makes a difference in the results we are likely to achieve. An advocate can say all the right things, but their message won’t be received unless they communicate their boundaries and wishes with an assertive attitude. The difference between being passive, aggressive and assertive should be learned and understood. Here are examples of the three types of communicating.

Passive communication

Behaviours of passive communication may include the following:

- ▶ Using a soft, unsure voice
- ▶ Maintaining a hopeless expression
- ▶ Displaying limp postures and gestures
- ▶ Not making eye contact
- ▶ Using an apologetic tone of voice
- ▶ Closed body language
- ▶ Standing too far away while speaking
- ▶ Sighing or shrugging
- ▶ Using hesitant, unclear language

Aggressive communication

Behaviours of aggressive communication may include the following:

- ▶ Angry facial expression
- ▶ Tense, rigid posture
- ▶ Using a loud voice
- ▶ Displaying jerky body language and gestures
- ▶ Strutting or pacing
- ▶ Using insulting language
- ▶ Disrespecting the person space of others
- ▶ Interrupting others impatiently
- ▶ Not listening
- ▶ Acting annoyed or frustrated

Assertive communication

Behaviours of assertive communication may include the following:

- ▶ Using body language that is confident, calm and respectful of others
- ▶ Making eye contact with the people you are talking to
- ▶ Having facial expression consistent with your message
- ▶ Using polite and respectful language
- ▶ Using a clear voice that can be easily heard
- ▶ Sounding firm if you seek change
- ▶ Sounding appreciative if you seek help
- ▶ Sounding happy if you want someone to do something for you
- ▶ Respecting the personal space of others
- ▶ Speaking passionately about the issue

Example

Model aspects of self-advocacy through assertive communication skills

To model aspects of self-advocacy through assertive communication skills, mental health workers could use the SOLER communication theory to remember and use effective non-verbal behaviours during advocacy or self-advocacy processes.

SOLER

S – Square posture

O – Open posture

L – Lean forward

E – Eye contact

R – Relax

Practice task 14

1. Provide two examples of passive communication behaviours.

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2. Provide two examples of how you can model assertive communication.

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[Click to complete Practice task 14](#)

4B Identify and use opportunities to promote the right of individuals to self-advocate and develop promotional material

People with mental health needs and/or mental illness often experience human rights violation, stigma and discrimination. In order to address this problem, mental health organisations and workers should identify and use opportunities to advocate for their needs and rights of people with mental health needs.

Developing promotional materials will provide essential information about self-advocacy to people with mental health needs, as well as spell out their individual rights and responsibilities. These materials also provide key contact information and links to other resources and services that will assist individuals and groups to pursue their rights and interests via self-advocacy processes.

Identify opportunities

There are many ways that can be used to promote the rights of individuals to self-advocate. Adopt appropriate mental health policies and procedures that:

- ▶ promote the rights of people with mental health issues and illnesses
- ▶ empower people to make decisions about their lives
- ▶ provide people with legal protections in the workplace
- ▶ ensure the individual's full integration and participation into the community
- ▶ involve mental health consumers and their families and carers in self-advocacy processes.

Policies and procedures promoting self-advocacy

Policies and procedures should address specific issues and challenges people accessing mental health or community-based services may face. Here are some examples.

Policies and procedures promoting self-advocacy should address:

- ▶ the role of advocates and self-advocates
- ▶ the function of advocacy or self-advocacy supports and services
- ▶ the methods by which advocacy and self-advocacy should take place
- ▶ legislative compliance requirements, including anti-discrimination provisions
- ▶ the ethical principles underpinning self-advocacy, such as integrity, avoiding conflict of interest, collaboration, transparency, and person-centred care
- ▶ the use of interpreters, cultural consultants, or others who can assist people with diverse needs to participate in self-advocacy
- ▶ facilitated communication methods
- ▶ best interests advocacy guidelines that direct the advocate to make direct representations that are in the best interests of the person affected. Plan promotional material

Plan promotional material

Planning a successful promotion involves the following steps.

Planning promotional material

1

Determine objectives

Promotional materials could seek to provide information to people with mental health needs about their right to self-advocate and explain what is involved in the self-advocacy process.

2

Determine target audience

Determine who the promotional message is aimed at and select communication methods that will be most successful in reaching and impacting that audience.

3

Select communication channels

Select communication channels that will be the most successful in reaching the target audience.

4

Develop the message

Carefully write a promotional message that focuses on the argument, content or information you wish to convey. Format promotional materials in a way that best presents the information in a clear and logical manner.

5

Determine the budget

Determine the budget allocated towards your promotional activities and allocate the resources accordingly so that promotional materials can be developed.

Develop promotional materials

Develop and produce the promotional materials by way of:

6

- ▶ print products
- ▶ websites
- ▶ bulk mail
- ▶ email campaigns.

7

Distribute promotional materials

Distribute the materials in the most appropriate way of reaching target audience. This may be through:

- ▶ direct mail
- ▶ email
- ▶ social media
- ▶ web page
- ▶ networking
- ▶ advertisements.

8

Evaluate promotional activities

Monitor the success of promotional materials by response or inquiries made.

Example

Identify and use opportunities to promote the right of individuals to self-advocate and develop promotional material

Zara is the manager of a national youth mental health foundation providing early intervention mental health services to 12–25 year olds. The organisation Zara works for makes it as easy as possible for a young person and their family to get the assistance they need for problems affecting their wellbeing.



Services can be accessed through the organisation’s centres and online counselling services. Zara wants to promote the rights of young people to self-advocate for their mental health needs. She also wants to empower young people to make decisions affecting their own lives, especially in their school and work environments. Zara is savvy with social media and often uses the organisation’s Twitter account to send tweets informing followers of the organisation’s supports, services, programs and announcements. Zara spends some time developing a short, clear and concise statement about the rights of young people to self-advocate and includes a link to an article on empowerment through self-advocacy. The tweet is received by over 20,000 followers and is retweeted (shared again) by over 4,000 of them.

Zara decides to post one tweet a day for a week promoting self-advocacy and includes the number of an information line that young people can call to find out more information. At the end of the week Zara will evaluate the effectiveness of her promotional campaign by measuring the number of calls received and inquiries made as a result of reading the tweets.

Practice task 15

1. Provide two benefits of using promotional materials for self-advocacy.

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2. Provide two examples of how policies and procedures can be used to promote the rights of people with mental health needs within your service.

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Click to complete Practice task 15

4C Encourage a culture of self-advocacy and dignity of risk

Dignity of risk in the self-advocacy context refers to self-determination or taking responsibility for one's self-management and autonomy in one's life choices, and the willingness to take informed and planned risks in order to grow.

When discussing and preparing plans to meet the needs of a person with mental health needs, it is important to find a balance between the duty of care you have for the person and encouraging them to take risks and experience life. Dignity of risk needs to be discussed and considered carefully, and the person should understand and agree to the risks they are undertaking.



As a mental health worker, you should encourage a culture of self-advocacy and dignity of risk in the provision of supports and services to people with mental health needs.

Encourage a culture of self-determination

For mental health providers to encourage a culture of self-determination that supports self-advocacy and dignity of risk, there is the challenge to reinvent their approaches to risk management that determine whether or not the risks that are worthy of the extra effort, tension and uncertainty. This is the balance that people with mental health needs seek and the kind of support that will have a significant impact on their lives.

There is increasing recognition of the rights of people with mental health needs, illnesses and disorders, of affording them with the dignity of control over their own lives and of their right to take the normal risks in life that the rest of the community takes for granted. Yet access to these rights can sometimes be hindered by concerns about risk management within mental health organisations, resulting in the needs and goals of mental health consumers being marginalised.

Self-advocacy

Self-advocacy refers to the ability to speak on one's own behalf. To encourage a culture of self-advocacy means to promote and uphold the principles of self-advocacy in your workplace. Encouraging a culture of self-advocacy may involve promoting awareness through training in self-advocacy skills, such as communication, assertiveness and leadership. In the mental health sector, it is important that a service's culture assists the person receiving support to develop self-advocacy skills through a culture of support and encouragement. As a mental health worker, it is important that encouragement of self-advocacy is demonstrated by providing the person with the necessary resources and facilitation to nurture this skill.

Dignity of risk

The rights of people to dignity and choice, upheld in legislation and service standards, also requires that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.



Dignity of risk acknowledges that life experiences come with risk, and that we must support people in experiencing success and failure throughout their lives. However, it can be a challenge to support decisions that we feel are too risky, or with which we don't agree, without considering safety and viewing decisions through our safety-oriented health care culture.

You need to consider dignity of in terms of capacity and decision-making. It is necessary to find a balance between the need for duty of care and a person's right and capacity to decide what level of risk they are comfortable with.

Level of risk

With many activities, it is not possible to eliminate the element of risk altogether. Risk is a part of our daily lives; it is through risk and trying new things and making mistakes that we learn. The idea that a person has the right to make their own choices and to take risks is referred to as dignity of risk. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk.

The key issue when considering the legal and ethical aspects of dignity of risk is determining an acceptable level of risk for the benefit that the activity offers. These questions should be discussed with the person and appropriate others offering support.

Three questions to ask about risk

- ▶ What are the potential risks?
- ▶ What are the potential benefits?
- ▶ How can the risks be reduced without reducing the benefits?

Example

Encourage a culture of self-advocacy and dignity of risk

Caroline is 22 years old, and has a mild intellectual disability. She enjoys socialising with her friends and going on day trips with her housemates. Caroline needs support in the home, particularly in preparing meals and using the stove.

Caroline tells her support worker, Phillip, she plans to go camping with her friends to the coast and stay in a caravan park for two nights. Phillip is concerned about Caroline’s safety in using the stove and preparing her own meals unsupervised. Phillip and his supervisor discuss possible strategies and suggest to Caroline that she practise at home preparing the meals she will eat while away using the camping stove. Caroline agrees – she is excited and can’t wait to go away with her friends.



Practice task 16

1. Provide two aspects of the obligation to uphold dignity of risk.

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2. Provide two ways mental health workers can encourage a culture of self-advocacy and dignity of risk.

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Click to complete Practice task 16

4D Raise awareness about barriers to self-advocacy

The stigma, prejudice, discrimination and misconceptions surrounding mental health issues, illnesses and disorders act as barriers to treatment. People with mental health issues, their families and carers, often fail to seek the care and support that they need for fear of being stigmatised.



Barriers to self-advocacy also results in discrimination and human rights violations. Many people with mental health needs face discrimination in the areas of employment, education, housing and health. Sometimes people with severe mental health disorders are denied their basic human rights, such as the right to vote, marry and have children.

As a mental health worker, you can prevent much of the stigma surrounding mental health issues by changing attitudes and making the public aware that mental health illnesses and disorders are treatable.

Government departments, agencies, community service organisations, family groups, health professionals, NGOs, academic institutions, professional organisations and other stakeholders all have important roles to play and should combine their efforts to educate and change public attitudes towards mental health disorders, advocating for the human rights of people with mental health needs.

Combating stigma, prejudice and discrimination is not the sole responsibility of the government and requires a multi-sectoral approach, involving welfare, labour, education, and justice sectors to contribute.

Raise awareness

There are numerous ways you can raise awareness about an issue such as barriers to self-advocacy. Examples are listed here.

Raising awareness

- ▶ Increase your own knowledge so you have current and reliable information ready to share with others when asked.
- ▶ Host educational events that people can attend to learn about barriers to self-advocacy.
- ▶ Organise a service project that allows community groups to volunteer together in some way that is related to self-advocacy.
- ▶ Attach the issue to existing news stories by providing media outlets and reporters with information they can use to update existing articles.
- ▶ Distribute promotional materials about barriers to self-advocacy.

- ▶ Publish research, case studies, or trends data that positions you as a trusted expert on the issue.
- ▶ Bring attention to and share your gratitude for people in the community who are working to overcome barriers to self-advocacy.
- ▶ Empower and connect people who have a common interest in overcoming barriers to self-advocacy and facilitate their sharing and networking so they know they are not alone.
- ▶ Share information on various social media platforms.

Example

Raise awareness about barriers to self-advocacy

The following websites provide useful information and training about self-advocacy and raising awareness about the barriers to self-advocacy in the mental health sector.

Useful websites

Mental Health: Department of Health: <http://aspirelr.link/mental-health>

Mental Health Australia: <http://aspirelr.link/mental-health-aus>

World Health Organization: <http://aspirelr.link/who-mental-health-advocacy>

Mental Illness Education Act: <http://aspirelr.link/mieact>

Advocacy For Inclusion: <http://aspirelr.link/advocacy-for-inclusion>

Headspace: <http://aspirelr.link/headspace>

National Alliance on Mental Illness: <http://aspirelr.link/nami-advocate>

Practice task 17

1. Provide one way you could help to prevent stigma, prejudice and discrimination against people with mental health needs.

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2. Describe two ways that mental health workers could raise awareness about barriers to self-advocacy.

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Click to complete Practice task 17

Summary

1. Assertive communication is direct communication that relies on honesty and transparency, and on expressing one's needs clearly without impinging on the needs and rights of others.
2. Assertive advocacy communication skills can assist both to protect and uphold the rights of people of all ages and abilities, and prepare them to develop better relationships.
3. People with mental health needs and mental illness often experience human rights violation, stigma and discrimination. In order to address this problem, mental health organisations and workers should identify and use opportunities to promote the rights of individuals with mental health issues to advocate for their needs and rights.
4. Developing promotional materials will provide essential information about self-advocacy to people with mental health needs, as well as spell out their individual rights and responsibilities.
5. Dignity of risk in the self-advocacy context means self-determination or taking responsibility for one's self-management and autonomy in one's life choices and the willingness to take informed and planned risks in order to grow.
6. For mental health providers to encourage a culture of self-advocacy and dignity of risk, there is the challenge to reinvent their approaches to risk management by taking up the challenge to operate closer to where their consumers want to live.

Learning checkpoint 4

Promote self-advocacy

This learning checkpoint allows you to review your skills and knowledge in promoting self-advocacy.

1. Briefly describe two elements that might be covered in policies and procedures promoting self-advocacy.

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2. Provide two aspects of assertive advocacy communication skills.

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3. Provide two questions that a mental health worker should ask to determine an acceptable level of risk of an activity undertaken by a person with mental health needs.

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4. Provide two examples of opportunities that could be identified and used to promote the rights of individuals to self-advocate.

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5. Provide two examples of groups that play an important role in raising awareness about barriers to self-advocacy.

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6. Provide two examples of methods that can be used to distribute promotional materials regarding self-advocacy.

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