CHCMHS002
Establish self-directed recovery relationships

Release 1

Learner guide

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Aspire Version 1.2

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Version control and modification history

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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Contents

Before you begin

This learner guide is based on the unit of competency *CHCMHS002 Establish self-directed recovery relationships*, 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	▶ 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	▶ 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	▶ 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	▶ 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 v1234
Summary	▶ Key learning points are provided at the end of each topic.
Learning checkpoints	▶ 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	▶ 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	▶ 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	▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	▶ 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	▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	▶ 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	▶ 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 Promote principles of recovery and recovery-oriented practice	1A Respect the person as the author, definer and director of their own recovery journey	☐ Confident ☐ Basic understanding ☐ Not confident
	1B Work in ways that inspire hope for the future and belief in recovery	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Identify and take into account personal values and attitudes	☐ Confident ☐ Basic understanding ☐ Not confident
	1D Consider and respect contribution of the person's whole of life situation in the recovery process	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 2 Establish the context for a self-directed recovery relationship	2A Establish and maintain a safe, positive working relationship and environment	☐ Confident ☐ Basic understanding ☐ Not confident
	2B Identify and address the power dynamics impacting on the relationship	☐ Confident ☐ Basic understanding ☐ Not confident
	2C Build a relationship based on shared understandings and effective communication	☐ Confident ☐ Basic understanding ☐ Not confident
	2D Interact with the person showing warmth, openness, care and authenticity	☐ Confident ☐ Basic understanding ☐ Not confident
	2E Discuss, clarify and use the person's preferred language and understandings about their experience	☐ Confident ☐ Basic understanding ☐ Not confident
	2F Adjust communication strategies to meet cultural preferences	☐ Confident ☐ Basic understanding ☐ Not confident
	2G Clarify role expectations and define appropriate relationship guidelines	☐ Confident ☐ Basic understanding ☐ Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Invite information sharing	3A Invite the person to tell their story	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Respond appropriately to clarify and check understanding of the story	☐ Confident ☐ Basic understanding ☐ Not confident
	3C Acknowledge situation and foster respect, dignity and hope	☐ Confident ☐ Basic understanding ☐ Not confident
	3D Recognise impacts of mental illness and diagnosis on the person's life and sense of self	☐ Confident ☐ Basic understanding ☐ Not confident
	3E Establish eligibility and priority for service and refer appropriately if required	☐ Confident ☐ Basic understanding ☐ Not confident
	3F Work within the context of the person's experiences, understandings and meanings to understand their needs	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 4 Define and confirm the collaborative relationship	4A Share information about the organisation and programs, services and support available	☐ Confident ☐ Basic understanding ☐ Not confident
	4B Facilitate an exchange of information and develop a shared understanding	☐ Confident ☐ Basic understanding ☐ Not confident
	4C Share and exchange other information required to establish a recovery-oriented collaboration	☐ Confident ☐ Basic understanding ☐ Not confident
	4D Work with the person to determine their readiness and desire to self-advocate	☐ Confident ☐ Basic understanding ☐ Not confident
	4E Work collaboratively with the person to agree on the services, support and desired relationship	☐ Confident ☐ Basic understanding ☐ Not confident
	4F Agree on roles and responsibilities for both the person and the worker, and document appropriately	☐ Confident ☐ Basic understanding ☐ Not confident
	4G Clarify and document any other accountability requirements	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1

In this topic you will learn how to:

1A Respect the person as the author, definer and director of their own recovery journey

1B Work in ways that inspire hope for the future and belief in recovery

1C Identify and take into account personal values and attitudes

1D Consider and respect contribution of the person's whole of life situation in the recovery process

Promote principles of recovery and recovery-oriented practice

Recovery is a term used in the mental health sector to refer to a person's ability to develop meaning and purpose in their life beyond the effects of mental illness, and gain a positive sense of self. It encourages the person to regain personal power and recover from the stigma of mental illness. It means living a meaningful and satisfying life while affected by mental illness.

A person with mental health needs has a right to direct their own recovery. They should be informed about their rights at every stage of treatment and care. They have rights to social inclusion, equity and access to the community and its resources like everyone else. They should be free of discrimination and prejudice.

It is important to remember that recovery does not necessarily meant that the person is cured; recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems.

1A Respect the person as the author, definer and director of their own recovery journey

Acknowledging and respecting the person as author, definer and director of their own recovery is an extension of principles of autonomy, self-determination and empowerment applied to supporting a person with mental health issues. This implies consulting the person at every stage of the recovery journey and valuing the contributions made by the person. It also implies that the person is the primary decision-maker and will identify their own needs and goals and select the strategies, methods services and resources used to achieve those goals. This can be challenging for workers and requires awareness of factors such as power dynamics, stereotypes and assumptions about mental illness that might influence the collaborative relationship between the worker and the person who receives services. It requires a significant shift from older models of service provision in the mental health sector.

The recovery paradigm

The recovery paradigm integrates strengths and empowerment perspectives, which are quite different from the deficit approaches that prevailed in the mental health sector for many years. As in recent approaches to supporting people with disabilities, the focus shifts from what a person lacks or cannot do (deficits) to what they can do, especially to what they can do well (assets). This changes the whole perspective from a 'glass half empty' to a 'glass half full' and inspires hope. Research has demonstrated that positive thinking promotes wellbeing, while negative thoughts stifle efforts to cope and interfere with recovery.

Positive thinking alone of course is not sufficient to bring about recovery; other factors are important. Research also indicates that hope manifests itself in the context of a relationship, so there is a need for a caring and supportive individual who will bring a spark of hope to the person overwhelmed by mental illness. It is also important to remember that recovery does not mean that the person is cured; recovery means that the person builds a life that is meaningful, satisfying and functional while dealing with the impacts of the illness. Recovery may take place in 'fits and starts' with occasional relapses and then returns to more effective ways of functioning. Recovery is not something that happens once and remains static; it is an ongoing developmental process.

Acknowledge and respect the person

Establishing respectful relationships provides the foundation to successfully support people with mental health needs. When respect, hope, trust and self-direction have

been established, people can feel empowered. When people feel respected and understood, they are more willing to engage in an open and honest manner to work collaboratively towards recovery.

As a mental health worker, you are required to work using a person-centred approach that prioritises the person's rights and assists them to make decisions to direct their own recovery. Developing respect requires you to recognise and respect a person's social, cultural and spiritual background and beliefs. If you avoid discrimination and prejudice and work in an environment that values access and equity principles, the person is more likely to feel supported and encouraged to contribute to their recovery.

A respectful relationship is the foundation for assisting a person to define and direct their own recovery.

Level of risk

Working collaboratively with a person, rather than working in a directive way, means that a care worker cannot always predict the choices, directions and activities that the person that they are supporting wishes to pursue. With many activities, it is not possible to eliminate risk altogether. Risk is a part of our daily lives and it is through risk, 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.

The 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?

Dignity of risk

The term 'dignity of risk' was first coined in the 1970s in the context of caring for people with intellectual disability. At that time, people with intellectual or developmental disability were often viewed as incapable of living independently or making decisions for themselves. This view often deprived them of many typical life experiences that others take for granted.

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 taking.

Implications of recognising dignity of risk

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.

Work role boundaries

All mental health workers will have a position description document that clearly defines their role and responsibilities. Your organisation's policies and procedures will also set out what workers should and should not do. A clear understanding of the limits and responsibilities of your job role reduces the risk of misunderstandings and supports empowerment for the people you support because it also acknowledges their role and responsibilities within the relationship. By clarifying your job role you are setting and promoting healthy boundaries that will ensure an honest and professional relationship. By respectfully saying no to requests outside your job role, you are being honest when unable to assist and not building unrealistic expectations.

Workers can find information about the boundaries of their role by:

▶ undertaking orientation when commencing a new role

▶ reading their position description

▶ reading their workplace policies and procedures

▶ reading the person's care plan or other documentation

▶ talking to their supervisor.

Seek assistance for issues outside work role

There will be times when you are unable to provide all the assistance that a person and their family, carers and friends may require. The boundaries of your job can restrict the actions that you can take. Additionally, there will be times when you do not have the expertise or competence to provide the assistance required. You must be able to recognise these situations and seek assistance when necessary from a supervisor or other health care professional. Other health professional such as nurses in community health centres, social workers, occupational therapists, psychiatrists, psychologists, drug and alcohol workers, leisure and health officers, and employment agencies might all be useful referrals.

A key part of ongoing professional development is that mental health workers recognise the limitations of their knowledge and expertise and seek expert advice and supervision, as appropriate.

Social justice and inclusion principles

All support you provide to meet a person's goals should include the principle of social inclusion. Recovery plans should facilitate progress towards a person's aspirations and

goals and include the principle that everyone, including people with mental illness, has a right to participate fully in and feel connected to the community. They should be able to participate in the community at any point within the recovery process.

Social justice refers to the equal distribution of wealth, opportunity and privilege within a society. This means that along with social inclusion, the person should have the same access to community resources and opportunities as others in the community.

These principles recognise that people with mental illness have much to contribute to their community. Social inclusion supports recovery through formal connections such as employment, or through informal networks such as participation in neighbourhood relationships.

Social exclusion can occur when people experience discrimination, unemployment, ill health, poverty and family breakdown. For example, mental illness can cause people to be excluded from their community because of difficulty maintaining employment; this may lead to poverty, discrimination and stigma. Poverty can be a significant barrier to accessing social and recreational activities or to obtaining resources that people need to engage with the community, such as transport.

Citizenship

Everyone has the right to be treated fairly and equally and to have the same level of access within the community. This means that you must not treat someone differently because of his or her race, religion, gender identity, age, health status, financial status, marital status, disability or sexual orientation. This includes people who live in Australia but do not have Australian citizenship status. Citizenship can be acquired automatically by being born in Australia and having at least one parent an Australian citizen or permanent resident at the time, or by application, which means meeting all the current criteria for a valid application for citizenship, including a citizenship test.

Some people who live in Australia temporarily or permanently but are not citizens may not be eligible for publicly funded health care services, including mental health services.

Recovering greater wellbeing enables a person who has experienced mental health issues, to participate more fully in civic life by enjoying a fuller range of rights and responsibilities.

Example

Respect the person as author, definer and director of their own recovery

Brad was studying computer science when he first began experiencing symptoms that were eventually diagnosed as schizophrenia. The year that followed was difficult as his life became unstable. Brad dropped out of his course and experienced a period of homelessness. His life improved after the right medication was found for him. He says that learning about the mental health recovery movement also made a big difference to him. He is a skilled internet user and discovered online support groups. He began to see some possibilities for activities that interested him. He found a mentor who supported him in learning leadership, community organising and meeting skills. He now plays an active role in a recovery learning community organisation in his city.

Practice task 1

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

Case study

Elizabeth is a Sudanese woman living with complex mental health needs. She experienced trauma in her home country, witnessing the murder of her father and brother and living for five years in a refugee camp. She has six children; the oldest is nine years old. Her husband is employed, working mostly night shifts. Her recovery plan goals include getting support with her children to reduce her stress levels and to access English classes.

The mental health worker recognises that there are a number of issues impacting on Elizabeth's ability to comply with the strategies within her recovery plan.

1. Identify three issues that may be beyond the expertise and work role of the mental health worker.

2. Who could the worker speak to for advice about the best way to proceed to support Elizabeth?

3. What referrals could the worker make to support Elizabeth with her issues?

4. Describe the principles of social inclusion and social justice.

Click to complete Practice task 1

1B Work in ways that inspire hope for the future and belief in recovery

In any context it makes sense to say that without hope, change will not happen. If we do not believe or hope that things can be different we stagnate and become trapped. Research identifies hope as an essential component of recovery. Hope is something that occurs between people in the context of a relationship, a shared experience between giver and receiver, so a supportive relationship is a key element in the recovery process. Research has demonstrated that positive thinking promotes wellbeing while negative thoughts stifle efforts to cope and interfere with recovery. Hope functions as an internal resource and motivates positive change. Workers are in a position to support people to develop internal resources such as resilience, coping skills and self-acceptance, and to provide external resources such as housing, job training and supported education services. The more internal and external resources available, the greater are the chances of recovery.

Inspire the person to make personal advances

Workers can use a range of strategies to inspire hope and promote recovery by mobilising interpersonal, internal and external resources. There is research evidence that one of the most powerful strategies is to maintain a belief in the individual, reflecting the healing potential of supportive relationships. Another is to focus on the person's strengths, copings skills, self-esteem and confidence. A third is to assist the person to recognise and use external resources. Your own values, beliefs and attitudes are important in this; these are expressed through your communication skills, which are key skills in this area of work. Authenticity, in the sense of expressing yourself and engaging with the person in ways that are authentic or true, is important. Self-reflection and self-awareness, as well as highly developed communication skills, are essential.

Here is the way that the psychiatric health researcher Zlatka Russinova categorised resources to promote recovery.

Interpersonal resources of the worker

Interpersonal resources of the worker may include the following:

▶ Belief in the person's potential/strength, valuing the person as a human being, acceptance
▶ Non-judgmental listening
▶ Tolerating uncertainty, challenges and accepting failure as part of recovery process
▶ Trusting the authenticity of the person's experiences
▶ Expressing genuine concern
▶ Appropriate use of humour

Internal resources of the person

Internal resources of the person may include the following:

▶ Goal-setting

▶ Developing coping skills

▶ Recalling previous achievements and positive experiences

▶ Learning from failure

▶ Techniques for changing negative perceptions

▶ Making sense of mental illness

▶ Finding personal meaning in life

▶ Spiritual beliefs

External resources

External resources may include the following:

▶ Successful role models

▶ Crisis support

▶ Medication

▶ Educational programs, including education about mental illness

▶ Family support

▶ Self-help groups

▶ Employment support

Support the person in their community

We all belong to various communities associated with our ethnic background, culture, social status, roles, interests, gender, sexual preference, and geographical location. In supporting people to 'recover' from mental illness, all these factors, communities and alliances must be taken into account. It is important for you to be aware of how these factors affect a person's life and situation, to recognise their impact and support the person to make choices about how, when and where (or even if) they engage with the various communities to which they may belong. Participating in community is a major factor contributing to recovery.

The following outlines the different dimensions of recovery.

Dimensions of recovery

Clinical recovery
Clinical recovery refers to the reduction and control of symptoms. It is an existential recovery in the sense that how the person feels about their life and experiences their existence improves.

Physical recovery
A person experiences improvements in physical wellbeing

Functional recovery
A person experiences functional recovery as they able to participate more in everyday life; for example, organise their financial situation and keep appointments.

Social recovery
Social recovery sees a growth in the person's ability to participate in relationships and in the community. This gives them more choice about accessing communities.

Recovery

A recovery-oriented practice is widely used to support a person with mental illness, assisting them identify services and strategies that support empowerment and recovery.

The recovery model:

▶ focuses on fostering hope and empowerment in people who experience mental illness

▶ suggests people can recover from mental illness and regain a sense of identity that is not defined by their mental illness

▶ does not necessarily mean a complete absence of symptoms but an ability to deal with and not be limited by them.

Work to encourage recovery and a person's rights

Recovery is a term used in the mental health sector to refer to a person's ability to develop meaning and purpose in their life beyond the effects of mental illness, and gain a positive sense of self. It encourages the person to regain personal power and recover from the stigma of mental illness. It means living a meaningful and satisfying life even while affected by mental illness.

A person with mental health needs has a right to direct their own recovery. They should be informed about their rights at every stage of treatment and care. They have rights to social inclusion, equity and access to the community and its resources like everyone else. They should be free of discrimination and prejudice.

Ellis and King (2003) stated that the following factors are conducive to recovery.

Factors conducive to recovery

▶ Knowledge and acceptance that one has an illness, which often includes assuming a degree of personal responsibility for emotional wellbeing

▶ Appropriate medicine use

▶ Spirituality, which contributes towards hope or provides a sense of purpose

▶ Collaborative treatment planning, which creates a sense of partnership in managing the illness

▶ Self-monitoring and participation in management of illness

▶ Strengths-based interventions

▶ Informal support networks including family and friends

Develop a recovery program

It is essential for you to involve the person in developing and administering their own recovery program. 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.

Key factors in developing an individual recovery program include:

▶ the person's input

▶ education

▶ individual rights

▶ mutual relationships

▶ personal responsibility

▶ self-advocacy

▶ hope

▶ support.

Example

Invest the person and support in by working in ways that inspire hope for the future and belief in recovery

Samantha was diagnosed with schizophrenia 15 years ago and spent many years in and out of hospital. When she was first diagnosed, she lost confidence in herself as a person and felt the illness took over her life. She lost her career as a dancer, her friends, her lifestyle and her sense of self.

When Samantha is offered support she slowly begins to recover her identity. Her support worker, Helen, helps to find suitable housing, provides emotional and psychological support and instils in her a sense of hope that she can manage her symptoms and lead the kind of life she wants to. Helen never pushes Samantha or demands that she do things. Instead, they discuss options together and work on taking small steps one at a time.

Practice task 2

Read the case study, then answer the question that follows.

How could Chris incorporate recovery strategies to improve Peter's health?

Click to complete Practice task 2

1C Identify and take into account personal values and attitudes

Everyone is an individual with the right to their own thoughts, feelings and beliefs. Both people receiving support services and workers have their own thoughts, feelings and beliefs. These different thoughts and opinions should be encouraged and respected.

As a mental health worker, it is important to recognise your feelings and how they may influence the way you do your job.

Workers have a responsibility to maintain 'unconditional positive regard' towards individuals receiving support services. This means that you must perform your role regardless of the person's illness; you shouldn't judge people and you should always have a positive and helpful attitude towards them.

Your beliefs are the thoughts you have about yourself, other people and the world around you. Values and attitudes are the way we think things should be and how people should act. For example, a person should be kind, honest and open-minded.

You should always respect the views of other people even if they are the complete opposite of your own. This means you shouldn't try to force your own attitudes and values onto others. You don't have to agree with the other person but you should always be polite and listen to what they have to say. Keep an open mind when listening to others. Not listening and being judgmental can harm the relationship you need to build with individuals. A worker may miss important information or miss signs that something is not right if they are not keeping an open mind.

Identify personal values when planning and implementing activities

Personal values are influenced by many different factors including cultural background, beliefs, individual characteristics, and personal history and experiences. Values are also influenced by the society we live in and social institutions such as mass media, social media, and indirectly by economic factors. It has been noted that personal and social values tend to become more conservative and extreme in times of economic downturn and depression, and in times of war and civil unrest. In times of prosperity and peace, values tend to become more liberal or relaxed.
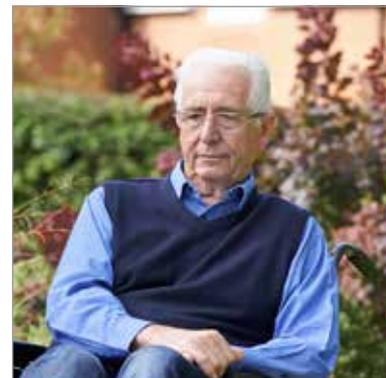
Our values are often based on underlying beliefs about how the world works, and about the nature of human beings – are humans inherently good or inherently bad? How we answer that question will reflect our beliefs and in turn our values, and in turn our attitudes and how we behave towards people, and how we think about a wide range of social issues. However, the effect of workers' personal values is constrained by their obligation to work within legal, professional, ethical and organisational guidelines.

The importance of workers' personal values

Workers' personal values can have a direct impact on how they work with people who receive services. You will have been taught already about that which underpin community service work in general, and mental health work in particular, and you will have made a private decision about whether your values align with them or not. If your values are widely different from mental health sector values, or even conflict with them, you may find working in this field difficult, as much emphasis is placed on the importance of values and how they affect our work. If conflicting values do begin to cause you problems, please talk this over with a trusted supervisor or mentor.

Our values and beliefs about recovery, mental health and illness are crucial in this field of work. If we do not genuinely believe that hope exists for even the most seemingly hopeless case, we will be unable to instil even the smallest spark of hope into that person. Working in a recovery model is all about hope and focusing on strengths and positives.

Values and communication

Our values inevitably affect how we relate to other people, including our colleagues and people who receive services. Values spill over into attitudes, which are expressed either overtly or covertly through communication. It is very difficult to pretend or 'fake' a particular attitude; the truth tends to sneak out through aspects of our communication such as body language, tone of voice, and in what we pay attention to or what we ignore in a conversation.

Because the working relationship between you and the person receiving services is so crucial to their recovery, there is no shame in admitting that there may be some people you simply cannot (and probably should not) work with.

The importance of the values of people who receive services

The values, beliefs about and attitudes towards recovery, mental health and illness, of people who receive services are also crucial to the recovery process. If a person is starting from a belief that their illness will forever dominate and restrict their life, exclude them from opportunities to engage in meaningful activities and relationships, participate in community life, be accepted and have a meaningful life, they start with a massive handicap. If the person has also experienced stigma and exclusion from society and had past negative experiences with mental health services, this handicap increases. Being stigmatised and stereotyped damages a person's sense of self, identity, sense of worth and self-esteem. Add to that a terrifying intractable mental illness and the person will begin to feel hopeless. Working to change negative attitudes and self-perceptions is a first step to instilling a gleam of hope, the beginning of a relationship that might lead into a recovery journey.

Identify personal attitudes when planning and implementing activities

A person's attitude to their own illness and the illnesses of others can be very persistent and resistant to change; others may be held more lightly. The persistence of an attitude is probably related to the importance of the subject to the person who holds it; and many factors may contribute to this. In community service work, particularly in the mental health sector, projecting and maintaining a non-judgmental attitude is held to be important and this takes high-level communication skills to achieve.

Workers' attitudes to recovery, mental health and illness are crucial. The attitudes of people who receive services to recovery, mental health and illness are crucial. In the working relationship, the first step may be to identify attitudes on both sides; examine them; and reflect on whether they are positive, constructive and helpful to recovery, or negative, destructive and unhelpful to recovery. A shared understanding of this can be the start of a productive, supportive working relationship.

Principle of empowerment

Empowerment is a major principle of the mental health sector and drives the approach of mental health workers supporting 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 patients.

Here is an outline of different traits that empowered and disempowered people typically have.

Traits of an empowered person	Traits of a disempowered person
▶ Decision-making power in their own life	▶ Doesn't feel they have a say in their own life
▶ Access to information and resources	▶ Can't make choices or solve problems
▶ Assertive	▶ Struggles to take on responsibilities, such as managing their own health or being a productive employee
▶ Understands that people have rights	▶ Will never be able to work or make their own way in life
▶ A positive self-image and overcomes stigma	▶ Feels of little or no value as a person
▶ An ability to contribute to the development and management of mental health services	

Example

Identify and take into account personal values and attitudes

Steve is 35 and was diagnosed with a bipolar disorder in his late teens. He lives with his parents and works as a part-time assistant in a local music shop. He likes to play guitar and before he left school he planned to study music at university, but in his final year at school he became ill and spent some years in and out of a psychiatric hospital. His parents worry about the possibility of his becoming seriously ill again and encourage him to avoid anything that might be stressful. Steve believes that his illness prevents him from carrying out his ambition and that the stress of study would cause him to relapse.

One of the regular customers of the music shop is Fidelio, a violinist with the city symphony orchestra. He hears Steve playing in the shop one day and comments on how talented he is. They get chatting about Steve's previous ambition to study music. Steve explains why he did not apply for university and Fidelio tells him that he also has a mental illness, but that he has learnt to manage it and does not see it as an insurmountable barrier. He tells Steve that the orchestra is supportive and understands that sometimes he needs to take a break. He offers to introduce Steve to a peer support group so that he can hear how other people also manage to live with serious mental illness.

Steve reflects on what Fidelio has told him and begins to think that he may also be able to have a fuller life. He discusses this with his parents, and despite their worries they suggest that he approach a program that uses a recovery-oriented model.

Practice task 3

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

Case study

Millie is 25 years old, and was diagnosed with depression seven years ago. Initially she was hospitalised for several weeks but has not had to return. She is on daily medication. She lives independently and manages her own day-to-day activities in the house. She works 15 hours per week but occasionally is too unwell to go to work. Millie has told her manager she has mental health needs. Millie explains to her support worker that her job is very important to her; she feels that it gives her a valuable role in the community and gives her a break from being identified as 'mentally ill'. She expects the support worker to respect the fact that working is contributing to her recovery, even on the occasions when it causes her stress that can exacerbate her illness.

1. Identify the principles of empowerment evident in Millie's story.

2. What personal attitudes and values does Millie have that are positive and constructive?

....

....

3. What personal attitudes and values of a worker could be unhelpful to Millie?

....

....

4. What mental health model, values, and principle are protective of the values of people with support needs?

....

....

....

Click to complete Practice task 3

1D Consider and respect contribution of the person's whole of life situation in the recovery process

A holistic, person-centred approaches take into account not just health factors and the person's values, beliefs and attitudes, but also the person's other relationships, life events, culture, physical health and activities. All these factors must be addressed in planning services and programs with the person. It is crucial to understand how these factors affect the person's situation, recognising strengths and resources linked to these factors and and how they may be used to promote recovery in working collaboratively with the person.

The historical context of mental health services and current and emerging models of understanding mental illness are also important; you will need sound knowledge and sound research skills to extend your knowledge to keep pace with new developments, theories and approaches. An aspect of your role is to ensure that people who receive services also have this knowledge and understanding so that a shared understanding can develop. To do this you will need skills in interpreting information and presenting it in forms that are relevant to your person's cultural, social and personal framework.

Relationships

Not all relationships are healthy and supportive; some may be dysfunctional and may be contributing to the person's ill health. Some activities may have a negative impact – aspects of culture may be barriers to understanding and accepting aspects of mental illness; traumatic life events may continue to have negative impacts. In addressing these issues as a worker you need to have the skills to encourage the person to tell their story from their own point of view, to interpret the impact of the factors mentioned above, and perhaps to reframe their perceptions and interpretations to allow the possibility of hope and positive expectations.

Demonstrate consideration and respect for person's contribution

Demonstrating consideration and respect for the contribution of the person's other relationships, life events, culture and activities for the recovery process requires well-developed communication skills and a foundation of belief in the importance, validity, authenticity and value of these factors. It also requires a values base that accepts difference, recognises individual human worth and rights, and supports autonomy, self-determination and empowerment.

You will need to be comfortable with uncertainty and challenge, flexible, resilient and non-judgmental to encourage people to tell their stories and remain supportive, respectful and considerate. Skills in reading other people's emotions and responding appropriately are important. Skills in listening and allowing the other person space and time to tell their stories are also important. Self-awareness is crucial; we might be feeling respectful and considerate, but to translate this into behaviours that

actually demonstrate these responses you will need specific skills, communication, and techniques. The key word here is 'demonstrate'. You must learn to show these emotions and attitudes yourself in ways that match the other person's communication needs.

The history of the mental health sector

An acknowledgement of the importance of key aspects of a person's life such as their culture, relationships and life experiences in the recovery process of a person with mental health needs has not always been made in the treatment of mental health. The nature of mental health work has fortunately changed a great deal. During medieval times, people with mental illness were isolated to control them and their behaviour. Treatments included chaining people up in small cells or throwing them into the freezing sea to shock the illness out of them.

Today, treatments use various medicines and therapies to manage a person's illness and improve their life. Treatments continue to improve. People with mental health needs now have the opportunity to be collaborators in planning their recovery and to lead fulfilling lives as a part of their community, as there is an increasing acceptance and understanding of the needs of people with mental illness.

The following provides information about how mental health work and treatments have changed over time and reflects changing attitudes and approaches to working with people with mental health needs.

Historical changes in approaches to mental health needs	
1600s	People believed supernatural or magical powers and medicine men could heal people with mental illness.
1700s	Witchcraft was blamed for mental illness. People were 'set free' or 'cured' by being burnt to death.
1800s	Doctors started to believe that mental illness was caused by physical problems in the body.
Early 1900s	Doctors realised that the brain caused mental illness. Various therapies, including psychoanalysis, were developed. Asylums and institutions were built to house and treat people with mental illness.
Mid-1900s	Different therapies were developed and used. These included new drug treatments and electroconvulsive therapy (ECT), which involved sending strong electrical currents to the person's brain.
Late 1900s	Deinstitutionalisation of people from the asylums and institutions meant that people were no longer housed together and began to be treated in the community. Newer drugs, with fewer side effects, for mood and psychotic disorders were tried and honed.
2000s	There is strong ongoing research into the causes of mental illness. A person-centred approach and empowerment models are working to increase the person's involvement in decisions. Development of drugs and different types of therapies is ongoing.

Changes in mental health support and services

The way support and services are provided to people with mental health needs has changed, often due to social factors, political issues and for economic reasons. These factors are usually closely linked and can affect each other. For example, changes in public thinking will influence which party is in government. Government policy may change and affect funding for mental health services, which in turn can affect how the public thinks about an issue.

The federal government promotes recovery-oriented service provision. This is recognised in the National Mental Health Plan 2009–2014, which promotes a 'recovery oriented culture within mental health services'.

Mental health workers are expected to be skilled in current work practices and must be aware of changes that are occurring. Workers need to be familiar with new practices, treatments and current ways of working.

Developments in the mental health sector that affect mental health work include:

▶ science and medicine – new drug treatments that are more effective with fewer side effects, and increasing research into behavioural therapies

▶ social integration – services that match the person's needs, and increased social involvement in the community

▶ politics – government policies that support moving people from hospitals into community-based settings

▶ economic – increased funding directed towards mental health needs.

Social changes in the mental health sector

There is now a person-centred approach to mental health care. This means services need to match the person's needs, rather than the person having to fit in with the service. It is accepted by society and people working in the mental health sector that the person should be the most important influence on the service.

There are also fewer stigmas linked to mental illness. The public is more aware of the facts about mental illness and the different types. This means that people with mental illness are more likely to be accepted by the community and feel less isolated.

In recent years there has been an increase in awareness among health professionals and organisations, including governments, of the particular issues related to mental illness experienced by specific groups in the community. Indigenous Australian people, youth, older people and those from culturally and linguistically diverse backgrounds may require different forms of assistance and support to manage their illness and lifestyle.

Political changes in the mental health sector

Government policies encourage the community to take a greater responsibility in supporting people with mental illness. Governments have developed legislation (the state-based mental health Acts) and regulations and standards (*National Standards for Mental Health Services* 2010) that mental health services must follow to achieve better outcomes and to promote social inclusion and equity for people with mental illness. A range of legislation has been developed to protect the rights of people living with mental illness from discrimination and prejudice, and to protect social inclusion and privacy.

State and territory legislation provides the legal framework for the care and treatment of people living with mental illness, whether in the community or in a psychiatric facility. A range of national standards has been developed in Australia relating to mental health services.

You can read the *National standards for mental health services* 2010 on the Australian Government Department of Health website: http://aspirelr.link/national-standards-mental-health

Economic changes in the mental health sector

In recent years governments have increased funding for mental health services. Governments need to help the community to support and provide services to people with mental health needs. There is also a stronger focus on achieving the best possible outcomes for people affected by mental illness. There has been a positive change to manage mental illness better over the last few years.

A priority has been to set up prevention and early-intervention programs for people who are at risk of developing mental illness. This helps reduce the risk, and is better for the person, their carers and the community because there are fewer people who need to go to hospital.

Governments are currently doing more to help people with mental illnesses than in the past.

Governments fund projects to:

▶ research mental illness to develop better treatments and care options

▶ provide better mental health services including clinical care and interventions

▶ train mental health workers

▶ educate the general public about mental illness

▶ develop public awareness campaigns, such as TV and radio advertisements to help the community understand mental illness and how to respond to people with mental health needs.

Demonstrate consideration and respect for culture and history important in a person's life

Aboriginal people have been subject to genocidal practices and cultural, economic and social and family dispossession since European settlement. It is thought that this is a reason for the levels of psychological distress that many Indigenous Australians suffer. Recent statistics from the Australian Bureau of Statistics measured Indigenous Australians as being 50 per cent or more likely to experience stressors such as death of a family member, unemployment, alcohol related problems and trouble with the police. In 2012, Indigenous Australians were twice as likely to die by suicide.

In many traditional Indigenous cultures, a sense of self was connected to all aspects of life, community, spirituality, culture and country. The concept of illness was holistic and wellbeing was attributed to the connections mentioned above, and illness as disruptions in those connections and seen as a collective responsibility. Within this concept, mental illness today can be seen as 'soreness of the spirit' caused by loss of social and family networks, destruction of kinship and family, dislocation from ancestral lands and the pressures of trying to exist within and alongside European culture. Services often fail from the outset as they fail to acknowledge that many Indigenous Australians view mental health differently. It is important to recognise and address cultural and historical factors. If the support worker and person with support needs recognise these, such as the importance that a person of Aboriginal or Torres Strait Islander heritage may place on family and land, the person's recovery is assisted.

Cultural safety

Given that complex factors may affect an Indigenous Australian presenting for an assessment of mental illness, an atmosphere of cultural safety should be a component of any intervention. Unsafe cultural practice is defined as "any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual" whereas culturally safe practice is simply defined as "effective clinical practice for a person from another culture" (Clear, 2008).

Language barriers, differing belief systems about illness, perceived inefficiencies of health systems and the disempowerment of Indigenous Australians are barriers. Symptoms of mental illness may need to be understood within a specific cultural context. For example, hearing the voices of deceased relatives in a culturally acceptable manner is common; this may be misinterpreted as experiencing auditory hallucinations.

You can read more about issues and approaches to working with Indigenous Australians in the field of mental health at this website if you search for the word 'Indigenous' at: http://aspirelr.link/one-door

Example

Consider and respect contribution of the person's whole of life situation in the recovery process

Glenda is a mental health worker who supports a number of people in their own homes and at community events and activities. Many of the people she supports come from various cultural backgrounds with different beliefs and traditions to her own. Glenda has tried different foods and has learnt some new words in several languages. She is also learning about the significance of various types of clothing that represent religious beliefs. Glenda understands that some cultures treat women differently.

These differences have never interfered with the way Glenda works. In fact, she feels that she has become a better-informed and more tolerant person because of the things she has learnt. She loves her job.

Practice task 4

1. Briefly discuss two examples of how societal attitudes have changed in relation to mental health.

2. Give two examples of how a person's whole of life situation can impact on their recovery journey.

Click to complete Practice task 4

Summary

1. There has been a significant shift from older models of service provision in the mental health sector.

2. Recovery is about building a meaningful and satisfying life, as defined by the person who has mental health support needs, whether or not there are ongoing or recurring symptoms or problems.

3. A recovery-oriented approach sees a person with mental health support needs as the primary decision-maker who can identify their own needs and goals and select the strategies, methods services and resources used to achieve those goals.

4. The mental health value of recovery and empowerment implies consulting the person at every stage of the recovery journey and valuing the contributions made by the person.

5. Workers who use a recovery-oriented approach need specific skills to build and maintain an effective collaborative relationship. Communication skills are important, along with awareness of factors such as personal values, stereotypes and assumptions about mental illness that might influence the collaborative relationship between the worker and the person who receives services.

6. Workers must be aware of work role boundaries, as outlined in their position description. They should consult their supervisor and organisational documents when uncertain about any aspect of their role.

7. State and territory legislation provides the legal framework for the care and treatment of people living with mental illness, whether in the community or in a psychiatric facility. A range of national standards has been developed in Australia relating to mental health services.

8. A person's whole of life situation can impact their recovery journey.

Learning checkpoint 1
Promote principles of recovery and recovery-oriented practice

This learning checkpoint allows you to review your skills and knowledge in promoting principles of recovery and recovery-oriented practice.

Part A

1. Describe the concepts of recovery as an underpinning value of the mental health sector.

2. Describe the concept of empowerment as an underpinning value of the mental health sector.

3. Provide one example of how attitudes to mental health and approaches to mental health have changed in the following contexts, both within Australia and internationally:

   a. Historical

   b. Social

   c. Political

   d. Economic

Part B

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

> ## Case study
>
> Jess is a 24-year-old Australian citizen who attends a mental health service. She has a major depressive disorder, and many of the workers at the service she attends believe that Jess has few interests, doesn't talk and doesn't seem to care about herself. Joe is a new coordinator at a mental health service. He sets about introducing himself to all the people who attend. When he meets Jess he realises that she has poor self-esteem and doesn't expect anyone to like her. Joe reads the documentation and records available on Jess and speaks with his colleagues about her. He notes that the service hasn't reviewed the services Jess receives for some time, nor has it been active in empowering Jess to achieve her goals.
>
> Joe meets with Jess and together they begin to update her support plan. He learns that she loves to read and has an inquiring mind. He introduces Jess to the online resources regarding the recovery movement and to personal success stories of recovery from depression. Jess is amazed. Via the internet, she makes contact with people in chat rooms all over the world who have recovered from mental illness and who offer her support and advice. Joe is unsure if Jess understands the risk involved in sharing private information online, but Jess is now communicating more at the service and interacting much more. Joe can see she is gaining confidence and developing new social skills.
>
> Jess also tells Joe that she used to have a part-time job and she would like to work again, but she has no idea how to go about finding information on jobs and how to apply for those that are suitable.

1. Explain how Joe has been using a recovery-orientated practice in his work with Jess.

2. What is Joe's duty of care in relation to Jess's use of the internet? How does dignity of risk work in this scenario?

3. If Jess was overweight and had poor health status as a result, what community services could Joe suggest to Jess to encourage and promote a healthier lifestyle?

4. If Jess was not an Australian citizen, how would this change her rights to accessing the resources she needs and being treated fairly?

5. How does supporting Jess into employment uphold social inclusion principles?

6. If offering supported employment opportunities was outside of Joe's support workers work role, what should he/she do to support Jess and what organisational procedures must occur?

Topic 2

In this topic you will learn how to:

2A Establish and maintain a safe, positive working relationship and environment

2B Identify and address the power dynamics impacting on the relationship

2C Build a relationship based on shared understandings and effective communication

2D Interact with the person showing warmth, openness, care and authenticity

2E Discuss, clarify and use the person's preferred language and understandings about their experience

2F Adjust communication strategies to meet cultural preferences

2G Clarify role expectations and define appropriate relationship guidelines

Establish the context for a self-directed recovery relationship

The context of a self-directed recovery relationship includes the relationship between the worker and the person; the social, organisational and physical environment in which the relationship takes place; the power dynamics of the relationship; shared understandings; communication; and role expectations and relationship guidelines. All these factors affect the relationship, which is a key factor in the person's recovery journey.

The values, beliefs, principles and skills of the worker need to provide a context that is safe and positive for a self-directed recovery relationship. Protecting people's rights, following legislative requirements, meeting service standards, ethical standards and codes of practice and adhering to organisational policies and procedures are all part of maintaining a safe environment. It is essential for you to understand your duty of care WHS policies and procedures. Clear job role descriptions and boundaries also support safe working relationships.

2A Establish and maintain a safe, positive working relationship and environment

It is important for a working environment to be a physically safe space, set up appropriately and with all the required physical resources to support safety. These will vary across different settings; for example, in some settings duress alarms may be needed; in others, access to immediate crisis management support or having/not having locks on doors.

You also need to be aware of your duty of care towards people who receive services and towards other people in your workplace. Duty of care is a legal principle that means that whenever your actions might affect another person you have a duty to behave in ways that avoid causing reasonably foreseeable harm through carelessness. Depending on the environment and situation, aspects of the following may be particularly important at different times.

The following outlines the components of a safe environment.

Components of a safe environment
▶ Adequate staffing ratios for the number of people in the space
▶ Workers complying with their duty of care to behave in ways that avoid including physical, emotional, psychological, social and financial harm to people they support
▶ Workers, people with support needs and all other people using the organisation's premises complying with WHS obligations
▶ Monitored and addressed power dynamics, as they apply to decision-making processes within an organisation
▶ Cultural safety
▶ Relationships that reflect sound ethical principles and codes of practice, legislative requirements, service standards
▶ Current models of service that support rights, autonomy and self-direction

Safe relationships

Establishing respectful relationships provides the foundation to successfully support people with mental health needs. When respect, hope, trust and self-direction have been established, people can feel empowered. When people feel respected and understood, they are more willing to engage in an open and honest manner to work collaboratively towards recovery.

As a mental health worker, you are required to work using a person-centred approach that prioritises the person's rights and assists them to make decisions to direct their own recovery. Developing respect requires you to recognise and respect a person's

social, cultural and spiritual background and beliefs. If you avoid discrimination and prejudice and work in an environment that values access and equity principles, the person is more likely to feel supported and encouraged to contribute to their recovery.

Cultural safety

A culturally safe environment is one in which a person's identity, cultural and otherwise, is not challenged. Culturally safe practices include actions that meet people's needs and respect their culture, identity and rights. Culturally unsafe practices diminish or disempower a person's cultural identity and wellbeing.

Strategies to promote cultural safety:

▶ Be open-minded and flexible in attitudes towards people from cultures other than their own.
▶ Be aware of how your own cultural background influences your views and actions.
▶ Engage with others in a respectful dialogue where knowledge and respect is shared.

Elements of cultural safety

A goal of cultural safety aims for outcomes that enable safe services to be defined by those who receive the services is met. Before this can happen, cultural differences, which are not only cultural and religious traditions and food can be explored and acknowledged. Emotional, social, economic and political contexts may be relevant. For example, some cultures allow the open expression of emotion more readily than others.

Exploring cultural factors can be empowering, as it legitimises difference and sheds light on aspects of a person's life experiences, including difficulties.

You can read more about cultural safety at this website: http://aspirelr.link/ahrc-cultural-safety

Respect cultural differences

Many people living in Australia are from a variety of different cultures and countries. These cultural differences lead to diversity, which often means there are different languages or ways of behaving that affect communication. You need to know how to change your communication to suit the culture of the people you are working with. For example, when Japanese people greet each other they often bow to each other. This is the same for males and females.

Valuing diversity means we avoid stereotypes and prejudices and we don't discriminate against people. To be prejudiced means to think or feel less favourably about someone or a group without any reason. Stereotypes and prejudice often lead to discrimination, which is treating someone less fairly than another person because of their difference.

You can find out information about a person's culture by asking the person or their family and friends, reading their care plan, asking colleagues or finding information from the library and internet. Even when you do know about a person's culture, you should never use stereotypes to form opinions about them. Treat each person as an individual and understand that there is further diversity within cultural groups.

Approach to planning service delivery

The approach you take to planning service delivery can have a significant impact on the process and on the outcomes of the planning. A person-centred approach ensures that the person's perspective and goals are at the forefront of the planning process. A strengths-based approach focuses on a person's abilities and strengths, rather than any deficits they may have. A family-centred approach acknowledges the centrality of families in the life of a person.

Person-centred planning

Person-centred planning is a process of listening and learning. The worker focuses on what is important to the person now and how they would like their future to be. It is also important to include people who are significant to the person in this process, such as family, a partner or friends.

Some process requirements for person-centred planning are listed here.

Person-centred planning requirements
▶ Respecting and understanding the person
▶ Giving priority to the person's preferences and choices
▶ Holding the person in positive regard
▶ Working with the person to envision the future by using creative strategies
▶ Supporting the person to gain access to community resources
▶ Ensuring the person is empowered and supported

Strengths-based approach

A strengths-based approach is a way of working that recognises the resilience of individuals and focuses on their abilities, knowledge, skills, interests and strengths. This differs significantly from traditional deficit-focused approaches. This approach also recognises the importance of the person's environment and the situations that impact their lives.

A central component of the strengths-based approach is collaboration between the person and the worker. Developing a trusting working relationship is essential to the process. The planning process is managed as a partnership between the worker and the person.

The assessment process, using the strengths-based approach, begins this relationship building as well as empowering the person to begin identifying their strengths.

Here are some of the components of strengths-based assessment.

A strengths-based assessment:

▶ measures the skills, competencies and characteristics that create a sense of accomplishment for the person

▶ identifies what contributes to the person having satisfying relationships with family, friends, and members of the community

▶ identifies what enhances the person's ability to deal with stress or adversity

▶ identifies what supports the person's personal, social and cognitive development

▶ establishes positive expectations for the future

▶ empowers the person to take control over decisions affecting their life.

Access and equity

Recognising and respecting diversity means we encourage access and equity for everyone. There are laws in place to ensure people do not discriminate or act with prejudice, both in the community and within organisations offering mental health services.

Apart from the moral obligation to treat everyone fairly and equally, there are also laws that ensure people do the right thing. These include legislation around discrimination and access and equity.

Mental health workers must work within legal and organisational guidelines at all times. For example, not providing mental health service to a person with depression because they are a use drugs is discrimination and against the law.

Each organisation's policies and procedures are based on their values, attitudes and the law. An organisation's delivery services to people with mental health needs should show commitment to the principles of access and equity.

Ways an organisation can show commitment to access and equity
Create a person-focused culture; for example, appointing a person consultant to support other people with mental health needs.
Take a non-discriminatory approach to all people using the service, their family and friends, the general public and co-workers; for example, having information brochures in several languages to ensure that everyone has a chance to understand them.
Ensure all cultural, physical, religious, economic and social differences are respected; for example, celebrating different cultural and religious events at the mental health centre such as Christmas, Chinese New Year and St Patrick's Day.

Standards for mental health

The *National standards for mental health services* 2010 (NSMHS) 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

The standards are regularly revised and can be read in conjunction with occupation specific standards, such as those for social workers.

The following lists the concerns of the 13 standards that mental health services should comply, which uphold rights to safety.

National standards for mental health services are concerned with:

- rights responsibilities, safety, privacy
- working with people in recovery-focused ways
- meeting diverse needs
- working with Indigenous Australians
- access
- individual planning
- treatment and support
- transitions in care
- integration and partnership
- quality improvement
- communication and information
- health promotion and prevention
- ethical practice and PD responsibilities.

Breach of standards

There are no specific consequences for services that deliver mental health services or for their staff if they do not adhere to the standards outlined in the *National practice standards for the mental health workforce* 2013 (NSMHS). These are recommended standards but are not legislation. 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.

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.

Organisational compliance

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.

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.

Example

Establish and maintain a safe, positive working relationship and environment

Greta is facilitating a service delivery planning meeting for Trudy. Initially Trudy is very quiet and seems uncomfortable that the meeting is about her. Greta encourages Trudy to participate at each stage of the planning meeting, checking to ensure that Trudy agrees with what other stakeholders have said, that she understands her options and that she is able to make decisions that will be documented in the plan. Greta asks Trudy's opinion on service delivery options and listens carefully to her responses. Greta often summarises or paraphrases what Trudy has said to ensure she has understood correctly.

Practice task 5

Describe the components of strengths-based assessment.

Click to complete Practice task 5

2B Identify and address the power dynamics impacting on the relationship

Power dynamics in the context of community services work refers to how an imbalance of power between between a worker and a person who receives services can affect collaboration in the working relationship. Many factors contribute to the degree of power each person in a relationship has – these include factors such as access to knowledge and information; how important the relationship is to each person; the social status, roles and position of each person; and the skills, experience and background of each person.

It is only recently that changes in approaches to service provision, especially in the mental health sector, have recognised the importance of these factors and focused on how they affect the relationship between workers and people receiving services. Reflective practice is an essential tool for developing collaborative working relationships and becoming aware of how these factors affect you, your values, beliefs and attitudes and your relationships with people to whom you provide services.

Reflective practice and power dynamics

You can assist the individual better if the two of you develop an understanding of how your own biases and world views affect the ways in which you perceive difference and power. These ideas developed in social work in the 1970s and 1980s and they are based in part on the work of Paolo Friere. Friere believed the most appropriate goal of social work practice was the liberation of both the worker and the person who receives services as the goal. This notion can be applied to any area of community service work.

Suggestions for working in a liberating manner:

▶ Recognise power differentials in the service-provider/service-user relationship.

▶ Become a naive investigator, making the service receiver the narrator of his or her own experiences.

▶ Allow for moments where the service receiver becomes the teacher.

▶ Suspend preformed judgments and listen to how people describe their own situations.

▶ Truly start from where the person is instead of starting with where the worker thinks they should be.

Power dynamics

We operate within relationships in which the power dynamic is uneven. Recognising these imbalances and working to address them is an essential part of self-directed recovery models.

These power imbalances are inescapable. Power relationships may derive from formal powers; for example, powers that a worker has as part of their role may include the ability to make recommendations that affect a person's life, and people may experience the intervention of workers in their lives as disempowering. Many people who receive services have had negative experiences in the past and may feel distrustful and disempowered because of these.

Workers usually have more access to knowledge and information about such things as services, resources, organisational structures and processes, legislation and service standards. People who receive services have more knowledge and information about their own needs, experiences and how their situation affects their lives, but this has only recently been recognised and valued by service providers. Status and roles of a person receiving services have been historically less powerful; the term 'patient' implies this.

Reflective practice

Reflective practice is a way of studying your own experiences to improve the way you work. It is a practice that is becoming increasingly important in all community services work and is required by Standard 8.1 of the Australian Association of Social Workers' *Practice Standards for Mental Health Social Workers* 2014. It is a way for individual workers and teams to take the time to consider what they have done well and what they may have done more effectively.

Reflective practice can help workers to improve the quality of their work by encouraging them to reflect on their practice and learn by experience. Reflective practice may be carried out alone; for example, by using a journal; or it may involve discussion with a supervisor or peer workers.

As part of their reflective practice in relation to a particular case, workers should consider whether they are doing anything that was counterproductive or wrong in any way, and whether they neglected to act in a way that could have assisted the person in their recovery.

Standard 8.1 explains the purpose of maintaining a critical reflective approach to social work practice as being to improve currency of knowledge and skills'. Indicators for meeting this standard are paraphrased here.

Sub goals in reflective practice:

▶ Identify your personal strengths in skill development and knowledge.
▶ Maintain a systematic record of social work practice activities as a basis for reflection.
▶ Identify areas where you can improve in your knowledge and skill base and where you have achieved well.
▶ Identify recurring problems and achievements of your organisation
▶ Explore areas of professional activity recommended in research literature.
▶ Share your critical reflections on practice within the professional supervision process and in discussion with colleagues.

Example

Identify and address the power dynamics impacting on the relationship

Hannah is supporting Cindy, a girl who has only recently begun accessing the services of her organisation. Cindy is 17 years old and suffers from anxiety and panic attacks. She is no longer attending school and is living in supported accommodation.

Cindy missed her last two scheduled Monday morning appointments. When Hannah follows up with a visit, Cindy tells Hannah that she was sick. Her nonverbal language tells Hannah that Cindy is embarrassed and uncomfortable. Hannah suspects that Cindy finds meeting her appointment difficult, but does not feel empowered enough to speak assertively about it. Hannah is gentle and warm with Cindy in order to assist her to feel comfortable enough to communicate about what she needs in order to be able to meet appointments.

Practice task 6

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

Case study

Jillian works in a drop-in centre for people with mental health needs. The centre runs a range of programs and activities, including group activity sessions. Erica is 30-year-old woman originally from Vietnam who has schizophrenia and sometimes hears and sees things that other people do not. She is overweight for her height and prefers to participate in sedentary activities. Jillian has invited Erica to join a fitness group she has organised. The other members are mostly older Australian-born males. Erica attended two sessions, one at which the group hired bicycles and cycled around a local park; the other in which they attended a gymnasium for a fitness assessment. Erica did not attend a third session and when Jillian asked her why not, she said that she had to take her grandmother to a medical appointment that day. Jillian knows that this was not true and is upset and confused about why Erica might lie to her and why she does not want to participate in the fitness group.

1. Identify three factors that might be contributing to Erica feeling uncomfortable within the fitness group.

2. Identify three possible reasons for Erica telling Jillian a white lie about her reason for missing the third session.

3. Outline three strategies Jillian could use to become more aware of Erica's perspectives.

Click to complete Practice task 6

2C Build a relationship based on shared understandings and effective communication

We all experience the world differently. For example, it is impossible to prove that the experience one person has when they look at the colour blue, is exactly the same as the experience you have; however, in order to communicate, we both agree to call that colour 'blue' as if we did in fact have a shared experience and hence a shared understanding.

Shared understandings are achieved through effective communication. The concept of shared understanding is a key component of the recovery model and implies a trusting, respectful relationship in which each person's point of view is acknowledge and recognised, valued and accepted as authentic. Shared understanding also implies underpinning values that support rights, including the right to autonomy, choice and self-direction.

It is difficult for one human being to fully understand the experiences and perspectives of another, as we all interpret the world through our own cultural, historical and personal prisms, but to some extent, shared understandings can be built.

The following outlines key points for building a shared understanding.

Building a shared understanding

▶ Be willing to accept, value and try to understand a different point of view.

▶ Avoid saying: 'I know how you feel, or I know how you see it', because it's likely you do not.

▶ Listen to the other person to acknowledge their feelings and perceptions; express empathy and acceptance.

▶ Be trustworthy and act with integrity.

▶ Reflect a positive regard for the person.

Build trust and encourage self-direction

Your ability to establish trust and respect in a relationship will be enhanced if you can identify a person's strengths and their interests. These strengths and interests provide positive, non-threatening topics for conversation, allowing the opportunity to establish communication patterns and feelings of emotional safety and trust. This approach focuses on a person's past accomplishments, which can improve confidence and restore a balanced view of self.

For example, you can talk to a person with mental health needs about their abilities as an artist or musician, as a parent, a businessperson or athlete. You can discuss their interest in family, animals, gardening, sport, fashion, art or music.

Strengths-based practice acknowledges that all people have skills and capacities, and encourages individuals and families to build on these strengths, thereby encouraging self-direction. Self-direction encourages a person and their family or carers to make their own choices. It also demonstrates a person-centred approach, considering the person holistically rather than as 'a person with a mental health problem'. This helps to build mutual trust between people and provides a foundation on which all respectful relationships are based.

Active and reflective listening skills

Use active and reflective listening to maintain a respectful relationship and empower the person by valuing what they say.

Active listening means paying close attention and focusing, not only hearing what a person is saying, but also observing and interpreting their verbal and nonverbal communication. Active listening is necessary to truly understand a person's meaning and feelings, and is an important component of a person-centred approach.

Active listening also involves responding to the speaker to clarify information, and paraphrasing what the person has said to encourage them to continue.

Some phrases that can be used to clarify information and understanding include the following.

Useful phrases to clarify understanding
▶ Do you mean …
▶ Let me see if I understand …
▶ Correct me if I am wrong …
▶ As I hear it …
▶ From your point of view …
▶ I wonder if …

Key points of active listening skills

Here are some general tips for active listening:

- ▶ Show respect.
- ▶ Empathise.
- ▶ Pay attention to the other person's body language, eyes and facial expressions.
- ▶ Do not interrupt.
- ▶ Concentrate on what the person is saying.
- ▶ Do not make judgements.
- ▶ Let the speaker take the lead.
- ▶ Using techniques such as asking open questions, giving prompts, giving minimal encouragers, and reflective responding.

Listening in recovery-oriented practice

People with mental health needs should develop an understanding of their condition over time. They often know from their own experience what works best for them in maintaining their mental health and what is ineffective. Sharing this knowledge is the first step in building a sound and hopeful working relationship.

The recovery principle encompasses five key aspects of mental health service delivery: hope, listening, partnership, choice and social inclusion. Hope is essential for any individual's recovery.

Research emphasises the importance of mental health workers listening to people who receive services. Only by understanding what the individual wants to get out of life can the worker organise appropriate support so that the person can achieve their life goals. This listening involves three aspects that are essential for building a shared understanding.

Mental health workers need to listen to the individual's:

▶ personal understanding of their condition

▶ aspirations and goals for their life

▶ own knowledge about what helps them to recover and stay well.

Effective communication strategies

Communication is a process of exchanging messages. It involves both words and actions. We communicate to meet our needs and to connect with others.

Communication may be intentional or unintentional (we are often unaware of the messages we send to others). It is practically impossible not to communicate; even flinching away from a painful stimulus sends a message.

There are many misconceptions about communication, including that saying something is the same as communicating it – it is not, because communication is open to interpretation.

Good communication happens when the message you intended to send is received and interpreted accurately by the other person. Effective communication strategies are those that contribute to this process. Communication does not come naturally to everyone – it includes learned skills. This means that some people are good communicators and some are not so good. Some people get their message across to others very effectively; others flounder in miscommunication and misunderstandings.

Elements in the communication process

The following factors influence how communication takes place and its effectiveness.

The communication process
Participants The sender encodes and sends message. The receiver de-codes or interprets the message.
Message This refers to the message content, such as facts, feelings, opinions or attitudes.
Environment This can be physical or social, such as the setting, occasion, relationships or cultural factors.
Participants' characteristics These characteristics may include age, gender or physical status.
Purpose Purpose of the communication influences what is communicated and how it is communicated.

Assess readiness for change

When working with a support worker, people who are actively planning ways to recover are likely to identify areas of their life that they wish to change, such as daily habits and exercise patterns. People will feel different levels of motivation, depending on their stage in their recovery journey, their life experiences, current circumstances, personality and other factors. There are a number of tools that can be used to understand a person's motivation. One example is the stages of change model.

This model recognises that people go through a number of stages before they actively begin to implement change, as described here.

Stages of change model

1 **Pre-contemplation**
The person is not considering change.

2 **Contemplation**
The person is ambivalent. There is an awareness of the need for change but they are not yet ready to invest time, money or energy into the process.

3 **Preparation**
The person is trying to make changes and is planning for change

4 **Action**
The person is actively taking steps to change

5 **Maintenance**
The person is committed to sustaining new behaviour.

6 **Relapse**
The person has relapsed and returned to old patterns of behaviour. The process starts again.

Motivational interviewing techniques

The technique of motivational interviewing is often used to help people with support needs move through stages and to maintain change. It is often used with people who are ambivalent about changing; for example, with someone who has a pattern of substance use. It is particularly useful in the pre-contemplation or contemplation stages as outlined in the stages of change model, and it can be used to foster change and motivation at any of the stages.

Motivational interviewing helps people to explore the discrepancy between what they are doing and what they want to do or what is most beneficial to them. It works on the principle that people are rational and if they confront enough evidence about the negative effects of a pattern of behaviour that is detrimental to their wellbeing, they will make the decision to change their behaviour.

The following provides more information on motivational interviewing.

Interviewing basics

▶ Express empathy through attentive listening.

▶ Develop discrepancy between what the person is doing and what their goals are.

▶ Use dialogue and avoiding arguments. The person does most of the talking.

▶ Roll with resistance and being prepared to go back through the stages.

▶ Support the person's self-efficacy or their own belief in their ability to change.

Specific techniques

▶ Affirm person's strengths and efforts with of compliments or statements of appreciation and understanding.

▶ Use reflections – this involves rephrasing a statement to capture the implicit meaning and feeling of a person's statement

▶ Summarise what has been discussed – this demonstrates that you have listened and understood the person's perspective, and it ensures mutual understanding of the discussion so far.

Use of body language

We communicate a lot of information by using our bodies and by other nonverbal means. Research indicates that much, sometimes most, of our interpersonal communication is carried by nonverbal means.

The following outline the three types of face-to-face communication.

Face-to-face communication

Visual
This includes physical appearance, manner of dress, eye contact, facial expression, body movements, touch and proximity (distance between speakers).

Vocal
This includes pitch and tone of voice, intonation (where speech rises and falls in pitch and tone), rate of speech, accent, pauses, vocal mannerisms, the way emotion is communicated, attitude and more.

Verbal
This refers to the actual words spoken by the person.

Functions of nonverbal communication and body language

Here are examples of functions that nonverbal communication can perform. Communicate a feeling of safety with open, relaxed body language.

Functions of body language and nonverbal communication

▶ Communicating attitudes and feelings

▶ Supporting the verbal message by repeating or reinforcing it

▶ Replacing verbal communication

▶ Regulating the flow of conversation

▶ Contradicting the verbal message

Read body language and nonverbal communication

Other aspects of nonverbal communication need to be kept in mind. Generally speaking, nonverbal messages reflect feelings more authentically than verbal messages. At all times, the aim should be to use nonverbal communication to build a relationship of trust and safety.

Here are some further pointers on the complex nature of nonverbal communication.

Complex aspects of nonverbal communication

▶ Nonverbal cues are often ambiguous and can be interpreted in several different ways.

▶ The same feeling can be expressed nonverbally in different ways.

▶ The same nonverbal cue can be open to different interpretations in different contexts and situations.

▶ Different cultures and social groups interpret different nonverbal cues in different ways; for example, eye contact.

▶ Verbal messages and nonverbal messages may contradict one another.

Paraphrasing

Paraphrasing is an active listening skill. When you paraphrase, you summarise what you have heard in your own words. This is done to check that we have understood what the other person is saying and to show that we have 'got the message'. When paraphrasing, keep your rephrasing of the message as brief and non-intrusive as possible; avoid disrupting the flow of the conversation. Look for natural pauses. Do not move on to giving advice, suggesting solutions or making judgments.

Reflect feelings

Identifying, acknowledging and reflecting feelings are important basic counselling skills. There are several related skills and techniques including the following.

Importance of 'feeling words'

Some feelings are expressed verbally using words that indicate particular feelings; for example:

'I do enjoy my job. I get a lot of fun from things outside work too. I love being busy, I really get a buzz out of it. But when I am home alone I get very tense and uptight.'

Interpret overall content

Some people have difficulty expressing emotions openly and publicly. It is sometimes necessary to look for clues in the general content of what a person is saying. In the following example, it would be fair to assume this person is feeling angry, hurt and ill-treated, even though they haven't stated this explicitly.

'I spent hours writing my CV and he called me back for a second interview, practically offered me the job – then I find out he had already given it to Fred. He was just going through the motions with me and won't return my calls.'

Observe body language

Observing and interpreting body language supplements the information we get from verbal messages and often gives a more accurate reading of feelings.

Empathise

This means trying to put yourself in the other person's place, using your imagination and asking yourself how you would feel if you were in a similar situation. Don't assume that your responses to a situation are the only correct ones, and avoid imposing your own feelings on the other person.

Example

Identify and reflect feelings to come to a shared understanding

Sally is a support worker in a drop-in centre for people with mental health needs. Joe is a man who has a bipolar disorder and attends the centre several times a week. Sally notices when Joe arrives one morning that he is muttering under his breath and that he is frowning and clenching his fists. He paces up and down and finally sits down heavily, bangs his closed fist on the table and knocks some magazines onto the floor.

Sally makes two coffees and sits down next to him to talk about what has been happening recently. She opens the conversation by asking, 'How was your weekend?' Joe tells her that he broke up with his girlfriend and that his football team lost a match. Sally paraphrases by saying, 'So, it wasn't a good weekend, your team lost and Irene has broken up with you'. Sally uses observation of his body language to identify and reflect his feelings: 'I can see that you are feeling angry and upset. It can be hard when things go wrong, can't it? Would you like to talk some more?'

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Practice task 7

1. Explain briefly how developing shared understandings contributes to building a relationship within the context of a recovery model.

2. Briefly outline what is meant by cultural safety and give three examples of strategies that can be used to establish a culturally safe environment.

3. Explain what is meant by 'motivational interviewing' and how it fits with a recovery model.

Click to complete Practice task 7

2D Interact with the person showing warmth, openness, care and authenticity

Using your communication skills to interact with a person to show warmth, openness, care and authenticity is the foundation for establishing and maintaining a trusting, respectful relationship that will support the person's individual self-directed recovery journey. This aspect of an effective working relationship includes the element of hope, which has been identified as a key factor in influencing the outcomes of a person's journey towards recovery.

To do this effectively, you will need to build rapport and use a range of communication techniques used in motivational interviewing and counselling, including how to use open and closed questions to probe for more information; how to summarise what a person has said to clarify your understanding and check accuracy; and how to reframe statements from a negative perspective to a more positive perspective. These skills are all essential for working within a recovery model.

Communicate and acknowledge individual time requirements

When communicating with someone, you must allow enough time to listen to them. The ability to establish rapport is often influenced by the time available to communicate. There will be occasions when rapport is established easily and quickly, but it is not unusual for rapport and trust to take time to build. Rushing the process may cause resentment, anger or distrust that will negatively affect the relationship.

Giving someone your attention shows that you value and respect their opinions.

There are many factors that influence the amount of time you need to build a positive relationship with a person and also many factors that influence how much time a person needs to share an experience or issue, as listed here.

Factors that affect the development of a relationship
▶ A person's negative past experiences
▶ The person's level of health and physical wellbeing; for example, pain, fatigue, illness
▶ Disability; for example, speech or hearing impairments, cognitive disabilities or memory problems
▶ Some medicines used to treat mental illness can cause drowsiness and fogginess – parts of the conversation may be missed and need frequent repetition
▶ If a person is experiencing impaired understanding, their ability to comprehend what is being said can be affected – additional explanation may be required
▶ Language needs

▶ Cultural barriers to communication

▶ Your level of experience or familiarity with communicating in a specific situation.

▶ The complexity of the story being told

Set clear expectations at the beginning of the relationship

Demonstrating care and authenticity involves being honest about the limitations on your role. Start from your job role description and share this information with the person, so that both of you have a clear understanding of what your role entails and what its limits may be. Discuss this as it applies to the person's situation, needs and goals; identify any areas of potential conflict or uncertainty and agree on how these will be managed if they arise. This may take time and more than one meeting, but it is well worth covering these points in depth at the beginning of a new working relationship so that future misunderstandings can be avoided.

The following outlines what information is essential to include in a first meeting and what may be explored in later encounters.

Collaborate and be realistic

▶ Work collaboratively with the person to identify their expectations of you as a worker and their expectations of what your service will do. Identify any that may not be realistic and agree on how to manage expectations that may fall outside the scope of your abilities and the resources of your service.

Communicate expectations

▶ Clearly explain your own expectations of the person and of how they will contribute to their own recovery journey. Identify and discuss any areas of uncertainty or conflict and agree on how you will both deal with those issues if they arise.

Explain organisational guidelines

▶ Refer to relevant legislation, service standards, codes of practice and codes of ethics and share this information so that both of you have a clear understanding of the legal and ethical context of your relationship.

Clarify grey areas

▶ Agree on the 'rules of engagement' – outline what you both expect and intend to communicate with each other and discuss any 'grey areas'. Agree on how you will both deal with such 'grey areas' and how you will resolve conflicts and disagreements.

Build trust

It takes time to build a trusting and open relationship. It is essential to use effective communication skills to help the person feel at ease with you, indicate respect, and express warmth and empathy. Sharing within appropriate limits can build trust.

The following provides more information about building relationships with the individuals you provide services to.

Share who you are

It may be helpful to share some basic personal information about yourself in the early stages of a support relationship. Focus on what you might have in common with the person, such as whether you have children, where you grew up or your cultural background. You must be very careful not to overstep boundaries and share inappropriate private information that might blur the boundaries of the relationship.

Share information about your skills, strengths and experiences in working in this sector, so the person has a clearer idea of who you are and where you are coming from. Identify and discuss your values, beliefs and attitudes in relation to mental health and recovery.

Limits to the relationship

Remember that you are both there because of the person's mental health needs. You would perhaps be unlikely to have met in other circumstances, so although the relationship between you is a key factor, neither of you is there primarily to develop a close personal relationship. Creating an illusion of being 'best friends' is disempowering and can lead to dependence.

Interact with the person in ways that build trust

Interacting is about how you communicate. Communication consists of behaviours that are observable and external, rather than internal. You may care for a person, and think you are being open, honest and authentic, but if these qualities are not evident in your actions and behaviours, especially in your communication behaviours, the other person will not know. The other person cannot see inside you; you must show them what is there.

The following actions build further trust, but neglecting them is likely to have the opposite effect.

Be congruent

To communicate in a genuine manner is to demonstrate your personal and professional attitudes and beliefs. If there are underlying prejudices or judgmental attitudes, these will be exposed when communicating. Tone, pitch, voice, rate of speech and body language all convey a message. Check that this message is consistent with what you are saying

Part of establishing and maintaining rapport with a person is to ensure plans and arrangements are discussed and followed by action. This is an important factor in building trust between workers and people with mental health support needs. Do not make promises or statements that you cannot honour – be clear about probable and possible outcomes.

Follow-up communication

Once rapport has been established and actions taken, it is important that there is some degree of follow-up communication. Follow-up communication may be initiated by the person but should definitely be undertaken by workers as part of the recovery process. This helps to maintain the professional relationship and provides an opportunity to discuss the current situation. It may also identify any changes or issues that may need to be addressed or could affect the recovery process. Follow-up communication also provides the person with a sense of continued support and respect, and may be required to check that referrals have been acted upon correctly.

Openness

The quality of openness includes honesty, which in turn requires a trusting, respectful relationship, and a safe social environment. Without trust and respect, we find it difficult to be honest and to disclose private, personal and often painful issues, feelings and experiences. There are several basic strategies you can use to establish and maintain a trusting, respectful relationship in which both parties can be open and honest with each other.

Demonstrate empathy

Empathy is the ability to understand the feelings and motives of a person from their point of view. It is the ability to 'step into someone else's shoes'. Empathy demonstrates the ability to hear and understand a person's perspective without necessarily agreeing with it yourself. When a person feels someone is truly trying to understand, they feel emotionally safe. They are less likely to get frustrated and angry, so the risk of conflict and argument is reduced.

To establish meaning from a communication, you need to interpret the information. Everyone risks misinterpreting a message by making assumptions based on one's own perspective, but true understanding comes from gaining meaning from the speaker's perspective. Questions can be helpful to clarify meaning. Open questions, which require a comprehensive response, encourage the responder to think and reflect. Closed questions requiring only a single word (yes or no) or short phrase response limits how a person can respond.

Warmth, care and authenticity

Your ability to convey attitudes and feelings that are helpful to the person that you are providing support to can be strengthened if you take the time to think about how positive characteristics are conveyed.

Warmth

Warmth is a quality expressed primarily by nonverbal means, such as tone of voice, facial expression, posture, gestures, proximity and touch. Make sure that you are careful and sensitive in the use of touch to stay within professional boundaries; it might be okay to touch a person's hand to indicate empathy, but less appropriate to give them a big hug. Some kinds of touch breach legislative and common law requirements. Your organisational policies and procedures may be a useful guide in this.

Care

Care is a more slippery concept. You can indicate that you care about someone through your actions and through what and how you communicate. Your actions are probably the most important factor in reassuring someone that you care, supplemented by how you interact with them and how you communicate. Showing respect, expressing empathy, and valuing the person as a human being and as a unique individual all demonstrate care; however, over-functioning by 'taking over' and doing things that the person can do for themselves may be misguided, as it can lead to learned dependence, which is disempowering and does not show respect for a person's abilities and strengths.

Authenticity

Authenticity is also a complex notion. Being authentic means being true or genuine. In this context, this can include a range of communication skills and techniques, plus the content of communication. Authenticity is something that can be proved. The evidence is in your actions and your words. Being authentic includes being open and honest with the person, but also includes making sure that what you are saying is relevant and can be checked for accuracy; and that the feelings you express are real, not faked.

Example

Interact with the person showing warmth, openness, care and authenticity

Marie, a support worker at a women's health service, is facilitating a group for mothers affected by mental illness. She is meeting Fatima, a mother of three young children, for the first time. Fatima tells Marie that the social worker at the mental health service has suggested she come to the group. Fatima is reluctant, as her extended family have not been told that she has a mental illness. She thinks they have probably guessed, but no-one talks about it.

Marie observes Fatima's agitated body movements and her difficulty in making eye contact and speaks to her using a gentle voice. She tells Fatima a little about her own three children. Fatima seems to relax. Marie uses active listening and respectful responding to demonstrate her understanding of Fatima's situation. Marie clarifies the information and says 'So you have been keeping your illness secret from your extended family. Are you concerned that if you come to the women's group, someone from your family may find out that you have been unwell?' Fatima agrees and is pleased that Marie understands and does not judge her.

Practice task 8

1. Briefly explain how warmth can be expressed in an interaction, giving three examples of body language.

2. Briefly explain why it is important to establish trust and openness in a professional relationship.

3. List three strategies a worker can use set clear expectations and boundaries at the beginning of a professional relationship.

Click to complete Practice task 8

2E Discuss, clarify and use the person's preferred language and understandings about their experience

Effective communication happens when the message one person sends to another is received and interpreted accurately by the other person; that is, when the message 'gets across'. Many factors must be in place for this to happen. Important factors include the other person's frame of reference, which includes elements such as their preferred language, underlying concepts and beliefs, which influence how they understand and interpret the world, and what they have learned from their personal experience and history. To take all these factors into account, you need to know quite a bit about a person, so that you can adjust the way you communicate to match their communication needs and their understanding of life and of their experiences. By listening actively when you are working together and by developing a shared understanding, you are in a good position to communicate in a way that the person understands and finds reaffirming.

Identifying and matching a person's communication needs is a fundamental skill in effective communication. One way of assessing how the way we communicate with someone is working is to observe their responses, in particular, nonverbal responses and body language. Blank looks, puzzled expressions, muscle tension, looking away, sighing and fidgeting are all clues that we may not be succeeding in our attempt to communicate.

Summary of effective communication skills

Here is a brief summary of effective communication techniques.

Elements of effective communication	
▶ Attending skills	▶ Summarising and paraphrasing
▶ Nonverbal communication	▶ Reframing
▶ Active listening	▶ Respect
▶ Paraphrasing	▶ Understanding and accepting differences and adjusting communication
▶ Reflective listening	
▶ Using open and closed questions	

Communicate using shared political and cultural understandings

When you have learned about a person and their understanding of the world, your communication is likely to be unsuccessful and your support work ineffective or even harmful if you do not continue to acknowledge what the person has shared with you. If you have been working with a person of Aboriginal or Torres Strait Islander heritage, the knowledge that has come to be shared about the dispossession of Indigenous Australians and about the person's feelings about family and land should be assumed even when not in the foreground.

Collaborative work towards recovery with a non-Indigenous mental health support worker is more likely to be effective if the person's preferred understanding and concepts are discussed, clarified and used.

Consider how the other person communicates

People from different age groups and different cultural and socioeconomic backgrounds may express themselves in languages other than English. They may also use a particular set of idioms and slang and use different kinds of analogies to explain concepts, ideas and experiences. When you draw an analogy between two things, you compare them for the purpose of explanation.

Language and frames of reference

Language is a constantly changing, dynamic thing. To understand how important it is to understand the other person's frame of reference, preferred language and other linguistic factors, talk to a person who is at least 20 years younger or older than you, or if you are from a generation that grew up before the widespread use of social media, try interpreting a young person's text messages and use of emoticons. Try communicating effectively with a person from a widely different social group to your own and identify how many unfamiliar and baffling expressions they use.

You also need to understand how your own preferred language forms come across to the other person. There is also the gulf created by the way our 'first' language influences our view of the world through its grammatical and linguistic structures; for example, some languages have no different verb forms to indicate past, present and future – they simply add the word for 'yesterday' 'today' or 'tomorrow', which reflects a different concept and perspective of time from that embedded in English language structures. Language is powerful in shaping how we think.

Normalising statements

Normalising statements can be an effective way of assisting a person to communicate their experiences.

What is a normalising statement?

One way to encourage someone to disclose difficult or embarrassing information is to make statements that normalise their situation and reassure them that they are not alone in their experience. Making general statements that take the focus away from the individual for a moment. The following opening phrases can encourage the person to speak honestly:

▶ Many people feel …

▶ Some people tell me that …

▶ Often this can be about …

▶ Sometimes I have been told that …

When is a normalising statement appropriate?

A person who you are supporting may have been through an experience that is very unusual, so the worker struggles to develop a shared understanding of. Many people, too, have difficulty in volunteering information about difficult issues and their story may not seem to make sense.

A caution

When you are using this technique, it is important not to dismiss the seriousness or authenticity of the person's feelings and issues or to imply that their experience is less important because it is common. It can be tricky to strike a balance between helping someone to feel less alone and implying that their experiences are somehow less significant in being shared with many others.

Example

Communicate effectively with the person

Van is a mental health support worker who has worked with Dave, an 18 year old boy who has been diagnosed with schizophrenia. During their initial session, Van learned that Dave, like Van, is a fan of the AFL team Collingwood. Van is able to draw on football metaphors such as training, the team and kicking a goal when they are talking about how the Dave's planned activities are going.

Practice task 9

1. Briefly explain what is meant by effective communication.

2. List three approaches or techniques that contribute to effective communication.

3. What is meant by a normalising statement? Provide one example of an opening phrase to a normalising statement.

Click to complete Practice task 9

2F Adjust communication strategies to meet cultural preferences

Given that communication is a dynamic process, a key skill is the ability to make adjustments in the way we communicate in order to address the other person's needs and to get the message across.

You are likely to need to support people from culturally and linguistically diverse backgrounds in your work, for example, people who have come to Australia through refugee programs are often in great need and may not have funds or family support. Unfortunately, many refugees have post-traumatic stress disorder and survival guilt. They may have seen atrocities and have spent years in refugee camps before coming to Australia.

Cross-cultural communication goals

All people are entitled to receive care that is responsive to their needs. In some cases, adjustments will need to be made to accommodate language and communication practices. Culture is a major factor in determining how we communicate; not only in the language we use, but also in conventions and protocols for the use of nonverbal communication behaviours and body language.

Here are tips for addressing cultural differences in communication for the way you work.

Set a reasonable goal for yourself

You are unlikely to learn the protocols of every cultural group with whom you might work, but with experience you can become familiar with the important protocols of those cultural groups with whom you work with frequently.

Collaborate

A more effective strategy for identifying and adjusting to cultural preferences is to explore these with each person with whom you establish a working relationship and build this into negotiating and agreeing on how you will communicate with each other.

Use several sources of information

Direct questions may not be the only way to elicit culturally sensitive information. Other methods may include:

▶ reading and research about a person's culture then checking the accuracy of this with the person

▶ observation and talking to cultural and community representatives

▶ participating in appropriate cultural community events.

Several websites provide general information on a country's social and political environment and history, such as the CIA's World Factbook.

Take into account nonverbal communication

As nonverbal communication considered more powerful than verbal communication, focusing on cultural differences is helpful in developing effective cross-cultural communication.

Resources on cultural diversity

Comprehensive resources have been developed to assist people who are working in community services, health, education and public services to learn more about the cultural backgrounds of people they communicate with and provide services to. The Centre for Cultural Diversity in Ageing, for example, provides cultural awareness guides for information about over thirty different cultural groups.

You can also read more about different cultural groups at: http://aspirelr.link/cultural-profiles-health

Adjust communication strategies

Literature on cross-cultural communication and barriers to effective communication across cultures suggests that aspects of body language and nonverbal communication are often different, hence the source of cross-cultural miscommunication and misunderstanding. Approaches to telling stories and sharing information and negotiating also differ; for example, in some cultures it is polite to engage in small talk before embarking on the main topic of conversation, and it is also polite to take a circuitous route rather than go immediately to the gist of a story. This can be frustrating for someone from a different culture where getting straight to the point and not 'beating around the bush' is valued. In adjusting your own communication patterns and expectations to meet cultural preferences, extra patience and tolerance may be required.

Address cultural differences

General rules for communicating effectively across cultures include being respectful of cultural practices, such as removing shoes before entering someone's home, showing consideration of others' points of views, generally being polite and showing genuine interest.

When addressing a person from another culture, you may need to consider:

▶ using different titles or ways of addressing people

▶ being sensitive to gender roles

▶ different speech patterns

▶ differences in nonverbal communication and use of physical space

▶ asking someone, otherwise you may cause offence without being aware of it.

Explore options

Techniques for exploring options include active listening, particularly asking open questions, probing for further information, and using what-if scenarios. Offering a range of options and choices is essential; sharing information about the full range of services and resources available, and talking through the possible advantages, disadvantages, potential outcomes and relevance to the person's own needs and goals contributes to empowering the person to direct their own recovery journey. In exploring options with a person you will need to be flexible, non-judgmental and able to tolerate changes and uncertainty, as people are likely to change their minds. Also, continue to be aware of cultural differences and differences in approaches to decision-making. Take into account the person's ability to focus on more than one choice at a time, solve problems and link actions to consequences.

Example

Adjust communication to meet cultural preferences

The following aspects of body language and nonverbal communication are most commonly different. The way you give and receive information will be more effective if you take account of these.

Use of eye contact

It shows disrespect in some cultures to make direct eye contact with a person who is your superior, such as a boss, an elder, or a person of higher social rank. In mainstream Australian culture, giving direct eye contact is interpreted as showing honesty, trustworthiness and respect, so this is an obvious course of cross-cultural miscommunication. In some Indigenous Australian cultures, the degree of eye contact is related to complex kinship relationships. It has been observed that many Indigenous Australians give less direct eye contact than non-Indigenous people, particularly when interacting with white people, so this can be a significant barrier to effective communication.

Proximity

In some cultures, the distance or personal space people are comfortable with may be closer than the norm in Australian mainstream cultures. Perceived invasion of personal space can make people feel uncomfortable and threatened; however, using too much distance can be interpreted as being stand-offish and unfriendly. Some research also suggests that people who grew up in the country have wider personal space boundaries than people who grew up in cities.

Touch and gesture

The use and meaning of touch is another element that varies widely across cultures; in some it is common for people to hug and kiss on greeting each other, or to walk about holding hands (although there are usually clear rules about whom you do this with); in others touching people outside your intimate circle is frowned upon.

Gestures are another source of differences in interpretation and misunderstandings across cultures.

Tone of voice

Loudness and tone of voice also vary; in one cultural group, speaking loudly and boisterously is a normal conversation and does not necessarily indicate aggression.

Practice task 10

1. Explain how to identify and adjust communication to meet cultural preferences.

2. Identify one common source of cross-cultural misunderstanding and miscommunication

3. Identify three qualities or skills needed to assist a person to explore options.

Click to complete Practice task 10

2G Clarify role expectations and define appropriate relationship guidelines

Establishing role expectations and relationship guidelines is an essential foundation to establishing and maintaining a sound working relationship. It is important to do this at the beginning so both parties have all the information they need to develop and share clear expectations and avoid future misunderstandings. This shared understanding may need revisiting at some points in the recovery journey to check if expectations have changed, and to address any aspects of the relationship that may not be working well and discuss how to address and improve these. Having clear 'rules of engagement' is important to avoid situations where a person may be disappointed because they perceive a worker as failing to live up to promises and expectations. As always, good fences (boundaries) make good neighbours (partners in recovery journeys).

Additionally, people with mental illness and health issues may have complex needs that can be rarely addressed by one person or one organisation, and workers need to have a basic understanding of a range of roles that may provide support for people.

Clarify role expectations within organisation

Your position description, induction training workplace policies and procedures and team meetings will provide you with information about role expectations. There are external sources of information as well, such as industry bodies, legislation and networks.

It is difficult to fulfil the requirements of your job role unless you understand what you are required to do and the skills and knowledge needed. You need an overview of the types of jobs in the mental health sector and their job requirements.

A knowledge of job requirements covers:

- ▶ the level of authority
- ▶ required skills, knowledge and qualifications
- ▶ ongoing professional development requirements
- ▶ key tasks to carry out
- ▶ who the person reports to
- ▶ the type of employment; for example, full-time, part-time or casual
- ▶ steps that must be followed when carrying out workplace activities
- ▶ actions that must be taken when things go wrong
- ▶ dress and appearance
- ▶ professional conduct.

Clarify legislative and ethical basis of the worker-client relationship

Ensuring that role expectations and guidelines for appropriate relationships remain clear is important at each stage of a journey – these may need to be revisited and revised from time to time, especially in response to any overt misunderstandings. The Australian Community Workers Association code of ethics provides information about the legislative and ethical basis of the worker-client relationship.

The following outlines the common guidelines of appropriate relationships between workers and people receiving services.

Limits and boundaries

Bribes and gifts

It is never appropriate for a worker to accept bribes, incentives or gifts; most organisations have policies and procedures for this. Sometimes refusing a gift may offend, and exceptions are sometimes made when the gift is a small token, such as a thank-you card or a box of chocolates, but anything more than this should be declared, registered or refused.

Lying

It is never appropriate for a worker to lie to the person.

Sexual relationships

It is never appropriate for a worker to have a sexual relationship with a person receiving services.

Privacy

Do not disclose your private address or telephone number – this is a safeguard for both you and the person. Refer to your organisation's policy and procedures.

It is usually not appropriate for a worker to share very private personal information with a person receiving services. You may need to use your judgment in this, as sharing some 'neutral' information about your life and experience can assist the establishment of a relationship by identifying common ground. If you have personal experience of mental illness, it may not be wise or helpful to share this except in general terms.
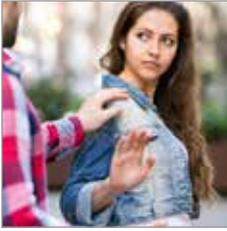
Socialising

It may also not be appropriate for a worker to socialise with people receiving services outside the work context

Confidentiality

It is never appropriate for a worker to use information about people receiving services in any way to their own advantage

Ensure the person understands any limits on the confidentiality of information they share with you, when doing this, be sure to refer to your organisation's policy and procedures.

Work collaboratively in different work roles and with a range of people

A collaborative approach to mental health involves cooperation between the worker and person with support needs, and also between members of a support team. It can be beneficial to the person to not have a strong reliance on one support worker. The types of personnel involved in promoting recovery will vary depending upon the severity of the mental illness and the specific needs and strengths of the person with the mental illness, not on the type of mental illness.

When the service providers work together, accessing and using a variety of services can ensure that all of a person's needs are met.

Case managers

Typically, a person with mental health needs is assigned a case manager. Their role is to support the person to meet their needs by taking a leading role in developing, implementing and monitoring a treatment plan. It is the responsibility of the case manager to ensure that all activities are carried out by appropriate people within the team. A case manager can be a doctor, social worker, psychologist, psychiatrist, psychiatric nurse or an occupational therapist.

Case managers lead a multidisciplinary team. Membership will vary depending on the needs and preferences of the person, but can include medical professionals, allied health professionals, social welfare workers, support workers and consumer advocates.

Your role as a team member

Your role will vary depending on your organisation and on the recovery path decided in collaboration with the person receiving services. You need to understand what your role and responsibilities are – whether you are working individually on a task, in a team or in a multidisciplinary work role.

Your role may require you to:

- work collaboratively with the person to determine their needs
- link the person with a clinical case manager
- work with others in your organisation to promote the person's recovery
- work with others from other agencies and providers to promote the consumer's recovery.

A holistic approach to recovery

While there are clear limits and guidelines to the way that you work with people, there are aspects of your role that are expansive. It is a principle of mental health support work that a holistic approach is taken. Holistic care refers to supporting the whole person, not just one aspect of them, while considering all of their needs. It includes looking after the physical, emotional, psychological, social, economic, environmental and spiritual needs of the person. For example, it is not much use focusing solely on treating a person's mental illness if they have nowhere to live and not enough to eat.

Person-centred care means getting to know the person as an individual, identifying their values and preferences, and treating them with respect and dignity. Person-centred care aims for a partnership between the person, their family and the professional care team offering support. The person should be at the centre of care and the services should revolve around them, rather than around funding and/or mental health professionals.

Involve others in recovery

The decision to involve others in support and recovery can improve a person's quality of life and health outcomes. Support networks often allow a person to remain in the community while functioning more independently and managing their illness more effectively.

Family members and carers are widely accepted as playing important roles in supporting a person with mental illness.

Involvement by family and carers may include:

- monitoring symptoms
- supporting medication compliance
- obtaining and coordinating services
- assisting with treatment decisions
- paying bills and shopping
- meeting accommodation needs
- providing companionship
- supporting participation in the community
- advocating for person where necessary.

Example

Clarify role expectations and define appropriate relationship guidelines

Suzy is a mental health worker who is currently working with Jack, a man with mental needs. Suzy works collaboratively within a number of teams to meet Jack's needs. When it is not clear what her role should be, she can seek clarification from her supervisor and refer back to organisational procedures and guidelines as well as professional and ethical guidelines and legislation. Her work is guided also by the agreements that she and Jack have come to, and she should clarify with him if there is any uncertainty due to changes in his life. Her role means that she works with Jack to identify his needs.

On occasion, she communicates with different service providers to facilitate Jack's recovery plan.

Practice task 11

1. Explain what is meant by holistic care.

2. Explain why it is important to establish role expectations and boundaries.

3. Identify three important common ethical guidelines that apply across all community service sectors, including mental health.

Click to complete Practice task 11

Summary

1. Environmental factors, safe relationships, cultural safety, respecting cultural differences, access and equity should be taken into consideration when establishing a self-directed recovery relationship.

2. Power dynamics in recovery relationships need to be acknowledged, identified and addressed by workers.

3. You can better assist the person you are supporting if the two of you develop an understanding of how your own biases and worldviews affect the ways in which you perceive difference and power. You should use reflective practice to review your work.

4. Trust and rapport is possible when a relationship is based on shared understanding and effective communication.

5. Skills and strategies for effective communication include active listening, the use of body language and nonverbal communication, attending skills, paraphrasing, and reflecting feelings.

6. It is important to interact with warmth, openness, care and authenticity.

7. All people are equally entitled to have their needs addressed. You will sometimes need to adjust communication to address cultural factors in order to address the other person's needs and to get the message across.

8. Clarify role expectations, boundaries and guidelines for sound working relationships.

9. A holistic approach is required to support a person's recovery journey effectively.

Learning checkpoint 2
Establish the context for a self-directed recovery relationship

This learning checkpoint allows you to review your skills and knowledge in establishing the context for a self-directed recovery relationship.

Part A

1. What is meant by a holistic approach to supporting empowerment and recovery?

2. Explain what taking a strengths-based support approach means.

3. Identify three elements of a safe positive working relationship.

4. Give one example of discrimination against a person with mental health needs.

5. Describe the connection between reflective practice and power dynamics.

6. Explain in general terms what is meant by effective communication.

7. Briefly describe two conditions that are necessary for a worker to use the person's preferred language and understanding of their experience.

8. Suggest how a worker can express warmth, authenticity and openness, and why this is important.

9. Explain what is meant by reflective practice.

10. Suggest an effective approach for identifying and adjusting to people's cultural preferences in relation to communicating.

11. Identify one internal source of information that provides information about job roles and one external source of information.

12. Explain two requirements of the following techniques for communication:
    a) Active listening
    b) Nonverbal communication
    c) Reflecting feelings

Part B

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

Case study

Felicity is a mental health support worker. She has recently completed a Certificate IV and is eager to put some of the skills she learnt in her training into practice. She has been asked to meet Shapour, who has just applied to receive services from the organisation Felicity works for. Shapour's family came to Australia from Iran three years ago because they were facing political persecution. He speaks English competently, although he finds some English idioms puzzling Felicity is preparing for their first meeting and revising some of the communication skills she could use.

1. Identify three key communication skills or techniques Felicity can use to establish communication with Shapour.

2. List the components of body language that Felicity should be aware of.

3. Explain what is meant by paraphrasing and identify a mistake that Felicity should avoid.

4. Shapour tells Felicity about some painful experiences that have led him to believe that his illness is insurmountable and that he will never recover. Identify two strategies Felicity might use to facilitate a different, more hopeful perspective.

5. Explain two ways that Felicity could adjust her communication strategies to meet Shapour's cultural preferences.

6. Identify two qualities or skills Felicity will need later in Shapour's recovery journey when they are exploring options collaboratively.

Topic 3

In this topic you will learn how to:

3A   **Invite the person to tell their story**

3B   **Respond appropriately to clarify and check understanding of the story**

3C   **Acknowledge situation and foster respect, dignity and hope**

3D   **Recognise impacts of mental illness and diagnosis on the person's life and sense of self**

3E   **Establish eligibility and priority for service and refer appropriately if required**

3F   **Work within the context of the person's experiences, understandings and meanings to understand their needs**

Invite information sharing

Sharing information is a fundamental component of recovery-oriented models of mental health service provision. Sharing information supports principles of empowerment and recognises the rights of people to access information and to provide their own information so they can make informed decisions and choices to direct their own recovery journey. It also reflects the value placed on the contributions people make by sharing information about their own interpretations of their experiences, their perceptions, values and beliefs and their needs and goals. Sharing is a two way process; both parties, the worker and the person receiving services contribute information, and the importance of each person's information should be equal, avoiding a 'worker knows best' approach.

Sharing private, personal and often painful information can be daunting and a high degree of trust is needed before this can happen openly and fully. When inviting a person to share their story with you, show empathy for how they might feel and what barriers they might face.

It is also very important to have belief that the person does have something very valuable to contribute. Use your communication skills to show respect and to acknowledge the value of the person's contribution and to acknowledge their bravery in sharing their story with you. Explain why it is important to share this information and identify how it will help you to help the person direct their own recovery journey.

3A Invite the person to tell their story

Personal experience is an important part of evidence supporting recovery-based models in mental health practice, so skills in inviting and encouraging a person to tell their story are essential. This approach is sometimes called narrative therapy, which is a respectful, strengths-based, non-blaming approach to working with people in a community services setting that centres people as the experts in their own lives. Problems are seen as separate from people and the aim is to help people identify their beliefs, values and the skills and knowledge that can effectively confront whatever problems they face. Narrative therapy principles and approaches have been applied to working within recovery-oriented models in the field of mental health.

Two significant principles that inform narrative ways of working include:

▶ maintaining a stance of curiosity
▶ always asking questions to which you genuinely do not know the answers.

Create a safe environment for the person to share their story

Inviting a person to tell their story means that you are asking someone to disclose experiences, perceptions and emotions, which can be very private, personal and often painful. It is important to establish trust and respect and to create a 'safe' social environment to facilitate this process. This may take time, and it requires a range of skills in communication, especially active listening skills. It is also important to maintain a non-judgmental attitude and to avoid cutting communication by inadvertently expressing a negative response. Nonverbal communication and body language can be particularly powerful in setting the tone of an exchange so you will need a high degree of awareness of your own and the ability to read the body language of the other person. To encourage and support, you need to express empathy and genuine interest; allow the person to proceed at their own pace, and always maintain clear professional boundaries.

Principles for the use of narrative therapy in the context of working with people with intellectual disabilities can also be applied to working with people with mental illness within a recovery model.

You can read more about narrative therapy at http://aspirelr.link/community-door

Evidence-based practice for recovery

Narrative therapy allows a person to find support and empowerment in their personal story. Empowerment of the person is a key part of the recovery model; a model that refers both to subjective experiences of optimism, empowerment and interpersonal support, and to the creation of positive, recovery-oriented services.

Evidence-based practice is an approach used in nursing and community services. It encourages practitioners to use the best available evidence and critically apply it to a person's circumstances and preferences. Research data supports optimism about the outcomes for people with mental health care needs, when a recovery-based approach is used. One of the most robust findings is that in using this model, a substantial proportion of those with mental illness will regain good social functioning. A growing body of research supports the concept that empowerment is an important component of the recovery process and that user-driven services and a focus on reducing internalised stigma are valuable in empowering the person and improving outcomes.

Combine evidence-based practice with the recovery model

Research also supports combining the tenets of evidence-based practice with the tenets of the recovery model. Offering choice and information about evidence-based interventions as a resource for people to use in their recovery journey, rather than imposing treatments, is a key component of successful recovery models. Qualitative research also suggests that turning points in people's lives are often linked to authentic encounters with mental health workers. There is also research-based evidence that the impact of beliefs about mental illness is another key factor in recovery; and that organisational support and commitment is essential to support moves away from clinical diagnosis-driven models towards recovery-oriented models. It is important to remember that people with mental illness are more than their illness, and changing the focus from treating illness to supporting personhood and engagement in community life can enable people to lead functional, meaningful lives even if their mental illness is not necessarily 'cured'.

Best evidence decision-making

You need to be aware of contemporary models and theories applied to changing people's behaviour. Current literature describes evidence-based practice in community service work as using current 'best evidence' in making decisions. This involves integrating research evidence with practical expertise and the values and experiences of people receiving services. Evidence-based practice places the person's values, needs and benefits first.

Evidence-based practitioners undertake lifelong learning and continually ask questions that are important to people receiving services; they search objectively and efficiently for current best evidence relevant to each question, and take appropriate action guided by that evidence. An evidence-based practitioner knows what the current best evidence is uses the best evidence in conjunction with their own individual expertise and with the values and expectations of the person receiving services and is part of a professional culture. This approach includes maintaining professional competency by undertaking continuous professional development; following professional codes of ethics and practice standards; and working within relevant legislation and service standards.

The importance of personal recovery experience

There is a growing body of qualitative research that examines people's own personal recovery, their experiences and narratives. This evidence is valuable in supporting the validity and efficacy of the recovery model, and is a crucial resource that can be shared with people making a recovery journey. Information about the journeys of others instils hope, reduces feelings of isolation, offers helpful strategies , and provides role models to follow. It also contributes to reducing internalised stigma, stereotyping and assumptions about inbuilt failure.

A national framework for recovery-oriented mental health services: guide for practitioners and providers gives a comprehensive overview of Australian government policy on recovery-oriented models of health care.

You can access the guide by visiting http://aspirelr.link/mental-health-recovery-guide

Use micro skills to invite the person to tell their story

The most important aspect of the recovery model is to empower the person. Recognising the person as an expert, and understanding his/her story instead of attempting to predict it encompasses many important aspects of good interpersonal communication, such as demonstration of care, interest, respectful curiosity, openness, empathy, and curiosity.

Once this collaborative relationship has been established, the worker and the person can move forward and work on how to improve the outcomes of the narrative.

Using nonverbal micro skills helps to create and foster the courage to confide and disclose information. An example of these types of micro skills follows.

Door openers	Door openers are short, non-judgmental statements or questions that encourage exploration and discussion by communicating that you are available.
Encouragers	Encouragers include nods, facial expressions and verbalisations such as 'uh huh …' They can also include short, supportive statements and verbal responses that show interest and engagement and encourage the person to keep talking.
Questions	Questions can provide a framework, open new areas for discussion and help the person to focus and to talk more freely. Questions elicit the 'who, what, how, where and why' of events and experiences. Questions should be used sparingly and cautiously; the wrong question at the wrong time can close an exchange instead of opening it up and can take direction away from the person. Too many questions may make the person feel interrogated, overwhelmed and disempowered. Remember that silence can be a powerful way to encourage a person to tell their story, especially if it is reinforced with nonverbal cues showing empathy and interest.

Practice task 12

1. Give a brief overview of research findings that support the recovery model.

2. Explain briefly how evidence-based practice fits with recovery-oriented models.

3. Suggest a strategy a worker could use to help a person to share private, painful information.

Click to complete Practice task 12

3B Respond appropriately to clarify and check understanding of the story

To clarify aspects of the story and the person's understanding of their experience, appropriate communication skills and techniques include asking open and closed questions; paraphrasing and reflecting feelings. A reflection of feeling is akin to paraphrasing, which tends to focus on cognitive aspects or facts, while reflecting focuses more on identifying and clarifying feelings and emotions. Clarifying and understanding the person's feelings is an important basis for understanding the person's actions, thoughts and attitudes. Active listening skills are one the most powerful strategies you can use.

Interpreting events and experiences involves labelling and describing thoughts, feelings and behaviours. This works to integrate cognitive aspects and emotional aspects of the person's situation.

In all your responses to the person's story, remember that it is important to affirm the validity of what they are telling you and to show respect for their rights to autonomy and self-direction.

Respond appropriately by:

- ▶ acknowledging the person's emotions, as well as facts and events
- ▶ affirming the validity of their experiences and perception
- ▶ recognising underlying values
- ▶ maintaining a non-judgmental attitude
- ▶ expressing empathy
- ▶ using communication skills to check that you have understood the facts
- ▶ using communication skills to check the person's own understanding of their experiences.

Open and closed questioning or probing

Open questions are those to which there is a range of possible answers, and are good for opening up a conversation. Closed questions are those to which there is a limited choice of answers, and may close a conversation times.

Each type of question has its uses and both are used in counselling. Closed questions, such as 'Did you go to the football on the weekend?' invites a 'yes' or 'no' response, and are useful if you want to elicit a specific piece of information. Open questions, such as 'What did you do on the weekend?' are useful when you want to explore a topic, collect information and descriptions of events and encourage people to tell their stories.

Probing is just what the word sounds like – digging a bit deeper for more information.

Example

Respond appropriately to clarify and check understanding of the story

Mary is an older woman who lives alone. She has one daughter, Margaret, who lives in interstate with her partner and children. They rarely visit and Mary's relationship with her daughter has always been a difficult one, partly due to Mary's bipolar disorder.

Joseph is a volunteer with a community support program. He visits Mary every few weeks to do gardening work. Just before Christmas, Mary brings Joseph a cup of tea while he is mowing her lawn and talks to him about how much she is dreading Christmas, because she has nowhere to go and nobody to spend Christmas Day with. She says she is very angry with her daughter because they refused her invitation to spend the Christmas and New Year holiday period with her, instead opting to go to a beach resort with friends. Joseph acknowledges Mary's feelings and expresses empathy by sitting with her and listening carefully, nodding and using 'minimal encouragers' to help her continue with her story. He does not interrupt or comment on what she is telling him; he asks an occasional question and sometimes paraphrases to check that he has understood. He does not offer solutions or suggest what she might do; he simply listens and acknowledges her feelings. After Joseph leaves, Mary finds that she feels less angry and distressed. She begins to think about what she can do on Christmas Day instead of spending it alone.

Practice task 13

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

Case study

Cynthia is a support worker in a residential facility for people who with mental health needs. She has been asked to help a new resident, Sophia, to settle in by showing her around and introducing her to some of the other residents. Sophia tells Cynthia that she is not sure if she has made the right choice by coming here. She says that she has noticed that some of the other residents are weird and walk around talking to themselves; that the grounds are messy and that her room smells strange. Cynthia listens for a while and then tells Sophia that she should learn to be a bit more tolerant. She says that the facility is wonderful and has a high success rate; that she is sure Sophia will get better by participating in their programs; and that if she doesn't like the way the gardens and rooms are kept, maybe she should pitch in and help keep them tidy.

1. What feelings might lie beneath Sophia's comments about the other residents, the gardens and her room?

2. Identify a communication mistake Cynthia has made.

3. Suggest three alternative communication techniques Cynthia could have used in this situation.

Click to complete Practice task 13

3C Acknowledge situation and foster respect, dignity and hope

Values that underpin all mental health work and recovery-oriented models in particular include respect for human rights and dignity, and a belief in the hope of recovery. Responding to the person in ways that demonstrate appreciation of these values and of their individual situation is an essential foundation for establishing a trusting, respectful relationship in which hope can flourish and people can direct their own recovery journeys to achieve a meaningful life. Communication skills are the means by which these values and beliefs are expressed. These values and principles are supported by standards and practices in the mental health sector, and by legislation that protects human rights and addresses issues of discrimination.

Respond to the person appropriately

Responding to the person in a manner that reflects appreciation of their situation and fosters respect, hope and belief in recovery is founded on the worker's own beliefs and values, which must align with and support the beliefs and values surrounding recovery-oriented models. Having genuine belief and hope is important; not only because it is difficult to fake, but also because workers need to be sustained by strong beliefs in such a stressful area of work. If you are not genuinely committed to the values of the model in which you work, you risk becoming cynical, which in turn may lead to becoming burnt out. You also need a genuine belief in order to convey this to others; if you are without hope, you will find it impossible to instil hope in others.

Appreciating another person's situation means understanding their experience from their point of view. This includes identifying the emotions and frames of reference associated with it, as well as being aware of facts and events. Effective communication skills are essential – remember that body language or nonverbal communication is more powerful than words alone.

Consider the person's situation

A person's situation includes their family, employment, housing and financial status, ability to participate in community, physical health and recent and significant distant life events. It includes their own reaction to their diagnosis and their experience with service providers.

People cope with mental illness in different ways. Typical responses range from excessive sleeping and withdrawal to rage and abusive behaviour. Anyone living in close proximity with the person experiences the brunt of these reactions. Mental illness can cause considerable stress in a family and carers can become worn out and depressed in the period before the person begins to experience improved wellbeing and recovery.

If the person is estranged from their family, they may experience homelessness. Other variables in their situation include their cultural, language and educational background, the effect of their medication, the nature of their illness and internal barriers and external barriers to recovery that they face.

People with mental health needs may show reactions and coping mechanisms such as:

▶ substance misuse, such as alcohol, heavy cigarette smoking, use of illegal drugs

▶ denial that there is anything wrong with them

▶ manipulation of others

▶ withdrawal

▶ excessive sleeping

▶ suicide threats or attempts

▶ anger, threatening or abusive behaviour.

Work collaboratively with others

People are more likely to honestly identify and discuss difficulties they have if they feel emotionally safe and supported to do so. By identifying and discussing difficulties, people who have mental health support needs are developing important skills that they can utilise in other areas of their life.

An effective working relationship advocates an honest, equal relationship where contributions by all parties are respected, and people feel valued when their contribution is respected. Your willingness to collaborate reflects a commitment to human rights and self-determination, it maximises the potential for people to get their needs met, and promotes the development of an effective working partnership.

Workers have a responsibility to maintain 'unconditional positive regard' towards the person they are working with. This means that you must perform your role without judging people and you should always have a positive and helpful attitude towards them.

Further communication skills to acknowledge situation and foster respect, dignity and hope

When listening to a person's story and their reaction to what has happened in their lives, summarising what they have said to demonstrate that you have listened carefully and that you continue to hold your unconditional positive regard for the person. Reframing can foster dignity and hope.

Summarising means listening for and identifying the key points in what the other person is saying. Summarising is a difficult skill to master, but is useful to clarify and check for understanding and to feed back to the other person what you have heard, so that they can confirm or correct it.

Summarising requires:

▶ close attention

▶ the ability to process information quickly

▶ the ability to focus on what is important rather, than on the details

▶ using observation skills to pick up cues as to what is important from the other person's nonverbal communication as well as their words, such as their tone of voice

▶ paying attention to the feelings expressed, as well as to facts.

Reframing

Reframing is an important technique used to deal with irrational or maladaptive thinking. It is a way of re-interpreting events and emotions to find more positive alternatives. You may have heard and used the term 'frame of reference' that refers to all the underlying values and beliefs that we use when we try to make sense of what is happening. We each have our own particular 'frame of reference', and becoming aware of this can help us to change the way we see a particular experience, especially when the way we see something is interfering with our ability to respond effectively and appropriately to events in our lives. Assisting a person to do this by suggesting alternative perceptions of events and experiences can introduce more positive patterns of thinking and support a person in their recovery journey.

Examples of reframing

Care needs to be taken with the timing of reframing statements as people need to feel accepted and heard before they can be open to seeing things from a different perspective. Here are examples of statements and a reframing of those statements.

Reframing
'There's not enough time.'   'You say it can't be done in time, but what if we did it in stages or got extra help? I'm sure we can do it within the timeframe.'
'That's stupid.'   'It does seem stupid, but it's also stupid not to look again and see what else can be done.'
'I don't like changes.'   'It's not so much doing away with old ways as it is building a new, exciting future.'
'We don't see eye to eye.'   'We have shown we can argue well. Maybe this means we can also agree well.'

Personal rights

Communicating in a manner that reflects appreciation of a person's situation and fosters respect, rights, promotion of dignity, hope and belief in their recovery is in accordance with values of the sector.

To work effectively in the mental health sector, you need to understand the values and principles of your workplace, as these are the foundation of the operations of the service. By carrying out your organisation's values and principles, it is easier to make sense of what you are collectively trying to achieve and to determine how you should work with the people you support.

The following table provides a list of some of the values underpinning mental health care and examples of how these approaches can be used when working with people with mental health needs.

Person-centred approach

▶ Encourage the person to take an active part in determining their treatment and care.

Commitment to empowering the person

▶ There are now positions within the mental health sector for personal consultants. These people live or have lived with mental illness and are committed to supporting others.

Commitment to meeting the needs and upholding the rights of persons

▶ Inform people about their rights at every stage of treatment and care. There are laws, such as the state-based mental health Act, to ensure that rights of the person are upheld. The National Standards for Mental Health Services provide guidelines for mental health service standards.

Encouragement of personal growth and development towards recovery and wellness

▶ Treat people as individuals who have strengths and lots to offer their community. Encourage the person to manage their illness or condition by being empowered with knowledge and information, rather than becoming isolated and withdrawn from society.

Principles and guidelines of mental health work

Principles are the main beliefs that help to determine shared goals. It is essential to identify and define the key principles of mental health work. This way, people can gain a shared understanding and work towards common outcomes that promote dignity, hope and recovery and respect the rights of people.

Some important mental health principles and their application to mental health work are listed here. As you can see, they overlap and are in accordance with the values of the sector.

Focus on the person

▶ It is important to address a person's disability but do not focus solely on it.

▶ Focus on the person's abilities and strengths and work with them to improve their quality of life.

Access and equity

▶ Promote fairness and provide people with the services they need.

▶ Provide service based on the person's needs and goals.

Community delivery

▶ Community-delivered service provision is when you treat persons in the least restrictive environment, such as their home. This means avoiding admission to hospital where possible.

▶ Ensure there are enough community services to support this principle.

Person empowerment

▶ Give the person all the information and encourage them to make decisions about their own wellbeing.

▶ Encourage the person to exercise their rights and improve their self-esteem and confidence.

▶ Support individuals to manage and overcome the stigma of having mental illness.

Ethics and values

▶ Ethics are moral values or principles.

▶ The values of an organisation are the various beliefs and attitudes that determine how a worker should behave.

Confidentiality

▶ Confidentiality means not giving personal or private information to other people if they have no need or right to know.

▶ All individuals are entitled to confidentiality. Be respectful of a person's right to privacy.

Discrimination

Discriminatory practices, by definition, do not respect the rights of people. Discrimination is when a person is treated less fairly than another person because of some difference. For example, if a workplace plans a social outing or team-building exercise that requires people to play sport, this may discriminate against people who are unfit or are uncomfortable carrying out a sporting activity.

At times, people may discriminate against another person. To discriminate means to either favour someone or treat someone unfairly based on a characteristic such as race, age, sex or religion. This may occur when there is a mix of cultures and people don't understand cultural differences. Discrimination is never acceptable and is against the law. Support workers need to be aware of the legal rights of people they support.

It is a legal requirement that people are not discriminated against according to their health condition or health issues. Discrimination is never acceptable behaviour and is against the law. A person with a mental health issue who feels they have been discriminated against can complain and appeal to the Human Rights Commissions or the Health care complaints Commission in their state or territory.

Discrimination legislation

Discrimination legislation promotes equality for everyone in Australian society. 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.

The following Acts apply to the community services sector:

▶ *Age Discrimination Act 2004* (Cth)

▶ *Racial Discrimination Act 1975* (Cth)

▶ *Sex Discrimination Act 1984* (Cth)

▶ *Workplace gender equality Act 2012* (Cth)

▶ *Disability Discrimination Act 1992* (Cth)

Acts relating to discrimination

The following briefly summarises relevant discrimination legislation.

Accordion 3 – please maintain italics in each heading

Age Discrimination Act 2004 (Cth)

This legislation aims to:

▶ stop discrimination based on age

▶ protect everyone's legal rights regardless of their age

▶ help others understand that everyone has the same rights

▶ remove barriers that stop older people from joining in work activities and being part of society

▶ remove stereotypes and false beliefs about older people.

Racial Discrimination Act 1975 (Cth)

This legislation aims to:

▶ promote equality before the law for everyone, regardless of their race, colour or ethnic origin

▶ make discrimination against people on the basis of their race, colour, descent or national or ethnic origin unlawful.

Sex Discrimination Act 1984 (Cth)

This legislation aims to:

▶ prevent discrimination based on gender or marital status

▶ prevent sexual harassment.

The right to dignity

The 2012 statement of rights published on the Health Department website upholds the right of all people to inherent dignity and equal protection

You can read the statement of rights by visiting http://aspirelr.link/mental-health-statement-of-rights

Practice task 14

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

Case study

Jason is 32 years of age. He has an anxiety disorder that sometimes makes it difficult for him to leave his flat and to meet new people. If he is out and his level of anxiety becomes too high for him to tolerate, he goes home, goes to bed and sleeps. He is supported by his GP who prescribes medication to treat anxiety and he sees a psychologist once a month. They are working together using cognitive behavioural therapy techniques. He also attends a peer support group each week.

Jason is a computer programmer. He has recently applied for a new job with a bigger company. He was selected for interview but on the day of the interview he began experiencing palpitations and other symptoms of anxiety. He emailed the company to apologise for missing the appointment and explaining that he was ill. The company has offered him an alternative interview appointment. Jason is worried about how much he should tell the prospective employer about his illness and how he manages it, and whether this might harm his chances of being offered the job.

1. Identify a piece of legislation that is relevant to discrimination against people with mental health needs.

2. What other anti-discrimination legislation might be relevant?

3. Would it be lawful for the employer to discriminate on the basis of Jason's mental illness in this case?

4. What is reframing? If Jason expressed very negative thoughts about his future life employment prospects as compared to how he saw them before he became ill, how could reframing be used to assist him?

Click to complete Practice task 14

3D Recognise impacts of mental illness and diagnosis on the person's life and sense of self

The impact of a diagnosis of mental illness on a person's life and sense of self can be devastating. The illness may manifest in ways that are experienced as terrifying and that may damage the person's relationships, skills and ability to function. The experience of mental illness can be extremely isolating. Other people's interpretations and social and cultural stereotypes can also damage a person's sense of identity and sense of self to the point where the person may become defined by the illness. This can be internalised so that the person also comes to believe that they are defined and determined by their illness. They may feel a sense of loss.

Reversing this perspective is one of the primary aims of the recovery model, which endeavours to foster the opposite belief that a person may still live a meaningful life, despite recurrent symptoms.

Common mental illnesses

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 more 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 that occasional problems do not develop into something more serious. For example, a person suffering a mild depression that is gradually becoming more prevalent in their lives should seek help. Depression, anxiety disorders and substance misuse disorders are the most common mental illnesses in Australia.

More 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.

Diagnostic terms such change from time to time, as research increases the body of knowledge and theory about mental illness, and as some terms become less appropriate as they acquire negative connotations, so always check the currency and appropriateness of diagnostic terms before you use them.

Below 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.

Examples of extreme moods include:

▶ high and excitable

▶ grandiose and reckless

▶ helpless

▶ sometimes suicidal.

Treatment often includes medication and community support programs.

Borderline personality disorder

Borderline personality disorder (BPD) is classified as a personality disorder.

People with BPD often experience distressing emotions, have difficulty relating to other people and may exhibit self-harming behaviour.

The variety of symptoms include:

▶ feelings of abandonment and insecurity

▶ confusion and contradictory feelings

▶ impulsiveness and reckless behaviour

▶ self-harm

▶ possible psychotic symptoms such as delusions.

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

Major depressive disorder

Major depressive disorder, often called major depression or clinical depression, is a mood 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.

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.

Treatment includes medication, individual therapy and community support programs.

Schizophrenia

Schizophrenia is a psychotic disorder.

It is an illness that affects the normal functioning of the brain causing distortions and disruptions to the way a person thinks, feels and acts.

The variety of symptoms include:

▶ confused and disordered thinking

▶ delusions

▶ hallucinations, which may be auditory and include hearing voices.

Treatment includes medication and community support programs.

Schizoaffective disorder

Schizoaffective disorder is a psychotic disorder.

It is characterised by a combination of symptoms of schizophrenia and a mood disorder.

Symptoms include:

▶ primary symptoms of schizophrenia

▶ symptoms of major depression sometimes

▶ symptoms of a manic episode at times.

Treatment includes medication and community support programs.

Impact of mental illness on a person

We develop a sense of self based partly on how other people see us; we see ourselves as we are 'mirrored' in the eyes of others. If others see us as worthwhile, we are more likely to see ourselves as worthwhile. If others see us as worthless, we are more likely to devalue ourselves. Another significant factor for people with mental illness is also how the illness manifests; symptoms can undermine the person's view of self and of reality.
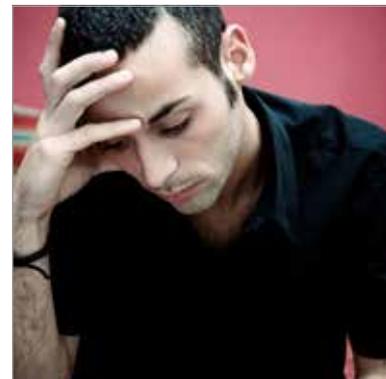
Devaluation

A mental health diagnosis often carries with it negative perceptions, stereotypes and beliefs that are socially and culturally based. Concepts that were applied to address the devaluation of people with disabilities can also be applied in the mental health sector to reverse the damage of negative stereotyping and devaluation. These concepts focus on the importance of 'image' in shaping our responses to others; we tend to respond positively to people and groups associated with positive images and negatively to people associated with negative images.

In this context, devaluation means to hold a group or category of people as inherently worth less than others; this perception and status is then reflected in how they are treated and situated within society. This sociological process has created disadvantage for many groups, including people with disabilities, people with mental illness, people belonging to particular ethnic groups and many others.

Devaluation and the importance of images

In working to improve the status and treatment of people with disabilities, it was found that factors such as what services are called and where they are located can create positive or negative associations; these ideas can also be applied to services for people with mental illness. Be aware of how the following can affect people using a service.

Negative names and places

Locating a service for a devalued group away from others or near other 'devaluing' facilities attracts negative associations; for example, locating a psychiatric hospital on the outskirts of a residential area reinforces notions that people with mental health needs are dangerous. Placing a hostel for people with mental illness next to a dog pound and down the road from the rubbish tip echoes that they like animals or rubbish.

Names of services reflect their underpinning beliefs; for example, calling a residential service the Haven for Incurably Handicapped Children reinforces multiple negative stereotypes and the belief that their defining characteristic is an illness from which they will never recover.

Positive names

Contemporary services for people with mental illness are very conscious of the importance of sending and reinforcing positive messages, hence programs with positive names such as Beyond Blue, or identifying themselves with relatively neutral acronyms su.ch as ARAFMI (Association of the Relatives and Friends of the Mentally Ill)

Effect of repetition

An important aspect of how image affects self-concept is the impact of repeated experiences of devaluation and how they are internalised by individuals. For example, continually telling a child he is naughty will probably create a naughty child. If we are treated as if we are worthless, we are likely to feel and behave as though we are worthless. We live up to (or down to) other people's expectations by internalising them.

Research into devaluation

Wolf Wolfensberger was an American academic who was influential in the reform of services for people with disabilities through his theories about normalisation and social role valorisation. Since his death in 2011, Wolfensberger's work continues to influence approaches to disability services, including the development of principles of social inclusion, and can also be applied to services for people with mental health needs.

There is a wealth of literature about the work of Wolfensberger – you can find more in-depth information at http://aspirelr.link/social-role-valorization

Example

Recognise the effect of devaluation on a person's sense of self

For further information about how devaluation works, research Jane Elliot's work based on her early explorations of racial prejudice and its effect on children's learning and behaviour, as presented in the well-known documentary A Class Divided. Elliot conducted an experiment into the effects of devaluing and discriminating against an artificially created underclass of children with brown eyes.

You can read about this experiment at by searching for 'A class divided' at http://aspirelr.link/a-class-divided-experiment

These concepts are also valuable in understanding the impact of a diagnosis of mental illness on self-concept.

Practice task 15

1. Find information about the concept of social devaluation and explain briefly what this means.

2. Outline the importance of image in contributing to devaluation. Give an example of a feature of a service for a devalued group that can reinforce negative ideas about that group.

Click to complete Practice task 15

3E Establish eligibility and priority for service and refer appropriately if required

To be eligible for a service, a person must meet criteria specified by that service. These criteria may vary according to the values, goals and focus of the service or organisation and the needs and characteristics of the person. In areas of high demand an organisation may prioritise applications for services. Certain factors may be used to make decisions about priority, such as urgency and severity of need, location, motivation and willingness to participate in a program, previous history, nature and severity of illness, or membership of a particular 'target'.

It is important for you to be familiar with the eligibility criteria, policies, and application and referral procedures for services within your area of work and within your locality so that you can refer appropriately – this is a key skill. Inappropriate referrals not only waste time, but can also delay or damage a person's chances of recovery.

Eligibility and priority for service

You can find information about eligibility criteria, referral policies and procedures, and how referrals are prioritised from the organisation you are referring a person to and from mental health networks. Ideally, referrals should be prioritised to meet the most urgent and most well matched needs; however, in reality other factors such as scarce resources remind us that we do not work in an ideal world. Your knowledge of the service networks can make the difference between a successful referral and an unsuccessful one, so continue to participate in forums, build professional relationships and network.

Participate in networks

Participating in industry networks and associations and sharing resources and information with colleagues is an excellent way of keeping up to date with services and resources. Most service organisations also have their own websites that explain their aims, policies, programs, criteria and procedures. State peak bodies are useful sources of information and the following national peak bodies.

National mental health organisations
▶ Mental Health Coordinating Council
▶ Mental Health Australia
▶ Mind Australia

Early intervention

When a person is first identified as having mental illness, early intervention and delivery of appropriate services should lead to a faster recovery. It often reduces the need for hospitalisation, allows the person to continue relationships and may allow family and friends to offer support. If mental illness symptoms are acted upon early, it may mean that they do not escalate into something more serious or chronic. The person can stay connected in the community by maintaining their social interactions and continue working. A general practitioner or community health centre is often the first to suggest some support for the person to assist them into recovery.

Referral processes

If you identify that the person requires services that are beyond your job role or scope, you will need to refer them to other mental health professionals or service agencies. The first thing you should do is consult the person and explain why you believe a referral is necessary. You should explain in clear language that you are either not qualified or authorised to offer the service or expertise needed by the person and that the advice of another health professional would be helpful. Always obtain written consent from the person and add this consent document in their file.

Whether the organisation is providing the service delivery for the person or whether the person has been referred to another organisation for specialist care, holistic care is essential. The physical, psychological, social and financial needs of the person should all be addressed and supported. Different organisations have an opportunity to work together when they are providing care to the same person – this is a collaborative approach.

You can find an example of a referral form at http://aspirelr.link/rw-referral-form

Refer appropriately

An important part of a worker's role is referring a person to services and programs that meet their needs, goals, interests and preferences.

The following outlines three key guidelines for referring a person.

Collect information

▶ Collect information about the person's experiences, needs and goals – identify a range of appropriate services; offer choices and options; and complete appropriate referral processes. As with all aspects of the recovery model, a referral is driven by the person; your role is to assist and facilitate.

Follow guidelines

▶ Ensure that you follow your own organisation's policies, procedures and guidelines and the referral policies, procedures and guidelines of the agency to which you are referring the person.

Respect rights

▶ Take into account relevant legislative requirements, codes of practice and ethical principles at all stages of the referral process. Remember to explain clearly to the person what information you are sending and why; how their information may be used by the new agency; and what their rights are in relation to information access and management.

Programs, services and supports

There is no standard definition of a mental health related service. Australia's mental health system is a complex mix of government non-government services and programs. Some are provided directly by government departments and agencies, others are provided by government funded NGOs (non-government organisations), and some are provided by private, for profit, or charity-funded organisations. Services and programs can be delivered in general hospital psychiatric wards, psychiatric hospitals, supported accommodation and other in-house settings, others in community settings. Primary medical services are often provided by general practitioners and a GP is often the first port of call for a person with mental health needs. People have access to psychiatrists, clinical psychologists and counsellors working in private practices and in publicly funded programs.

People with mental health needs also have access to mainstream, government-funded programs and services including income support, social and community support, disability services, employment support programs and housing assistance. Some aspects of services are funded through Medicare and the Pharmaceutical Benefits Scheme (PBS).

You can find more information about mental health services in Australia from your state health department and at: http://aspirelr.link/mental-health-services-summary

Government services and funding

Individual state and territory governments currently provide a range of mental health services such as inpatient, hospital-based and community mental health services.

The National Disability Insurance Scheme (NDIS) is a new system currently being trialled, with a rollout date expected in 2019. The NDIS is a single national scheme replacing the current state funding system for those people who are eligible. All funding will come through the National Disability Insurance Agency, and there will be no direct funding to service providers. It aims to provide targeted support and better coordination and access to services for people with disability. A funding package will be provided and people will be able to decide what services they wish to access and use to support their goals and needs. Mental health service providers will have to collect payment from the person or family who has the funding package.

Governments also fund and develop strategies and programs that improve service delivery; for example, improved early intervention strategies and programs. Employment services of both state and federal government departments provide employment placement and support to people with mental health needs.

Types of support

When supporting people to work towards their goals, it is useful to consider and review the types of support that can be offered.

Types of support
Emotional support Living with mental illness can be emotionally demanding and stressful. 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 nurturing. Acknowledging their value without necessary believing them yourself demonstrates empathy.
Physical support Some people with mental illness can become aggressive, risking the physical safety of others. Support may be required to manage this risk.

Example

Refer appropriately if required

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 16

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

1. What factors might be contributing to Jennifer's issues? Identify three things in this scenario that may be resulting in her feeling anxious and depressed.

2. Outline a starting point for a counsellor to take in identifying and addressing Jennifer's issues that fits with a recovery model.

3. Suggest three types of service or support that could be offered to Jennifer and that would be relevant to her situation.

4. Explain the principle of early intervention in relation to Jennifer's situation.

Click to complete Practice task 16

3F Work within the context of the person's experiences, understandings and meanings to understand their needs

A fundamental aspect of person-centred service delivery is an individualised approach. You need to get to know each person as an individual and explore and clarify what is meaningful to them and what their needs and preferences are. This way, you can work collaboratively with them to meet their needs and aspirations.

Collecting and interpreting information means that you will need to not only work with the person, but also get consent to ask others for information that will assist you. At every stage, it is important to work with the person in identifying and discussing their requirements and supporting them to express their own identity and preferences.

How you gather this information and what information you gather will vary depending on the person, their circumstances, your job role and their needs. Here are some of the common aspects involved in gathering information about a person's values, needs and preferences.

Gathering information

▶ Establish rapport with the person – the person needs to feel comfortable with you to share what's important to them. Create a safe space for them.

▶ Respect difference, diversity and individual choices – make sure you model this respect and place the person as the decision-maker in their care.

▶ Use good communication skills – use active listening, paraphrasing, encouragers and other techniques to really listen and clarify what people are trying to say.

▶ Meeting people's needs – make sure that people's language, cultural, communication and access needs are met so that they can communicate easily.

▶ Clarify relevant stakeholders – make sure you obtain consent from the person before speaking to others and gaining their perspective.

▶ Familiarise yourself with relevant documentation such as legislation, standards and any existing care plans.

▶ Analyse both written/verbal sources – do they support/contradict each other? Form a picture of the person's goals, needs and preferences and the options available for support.

▶ Offer people choices – clarify what you have discovered and heard with the person and offer them options; this helps them explore choices they may not have considered.

Build a shared understanding

Working with the people you support using a recovery-oriented approach and effective communication skills means that the person you are assisting has the inclination and opportunity to express opinions and tell their story. Showing warmth, openness, care and authenticity towards that person should mean that the relationship is one of reciprocity and trust. Your attentive listening, clarifying questions, paraphrasing and summarising should mean that you and the person share an understanding of their experiences and needs.

Universal needs

People who have low self-esteem may be aware of their needs but may discount them, or be unwilling to examine goals that they do not feel entitled to. Although the person with support needs is invited to direct their own recovery journey, conversations can be initiated around needs that have not been raised, bearing in mind that it is rational to prioritise the satisfaction of basic needs and safety needs ahead of other needs. A support worker has a duty of care to do this.

All human beings have needs that must be met to ensure their physical and psychological wellbeing. Recognising what these needs are and identifying needs that are not being met is fundamental to a support worker's role.

According to Maslow's hierarchy of needs, people have a range of needs that extend from the most basic of needs to deeper psychological or intellectual needs. The circumstances of the person who is being supported may place some or all of these needs at risk.

Maslow's hierarchy of needs
Basic needs Food and water, shelter, and sleep
Safety and security To be free from harm or the threat of harm
Belonging To love and be loved or to feel like a valuable part of a group
Self-esteem To feel good about ourselves
Self-actualisation To grow and develop intellectually, emotionally and socially

Complex needs encountered

The person who you are establishing a self-directed recovery relationship with may have complex needs that emerge when they share their story, feelings and opinions.

Although it is important to avoid preconceived ideas about what a person may or may not need, it is reasonable to have a working knowledge of the types of complex needs you may encounter in your work.

Physical disabilities

The person may have mobility difficulties and have need for a wheelchair, walking frame or elbow crutches, and may have difficulty moving around in the community.

Cognitive issues

The person may:

▶ have difficulty following complex or multi-stage instructions

▶ not retain information

▶ understand only part of the information they are given

▶ exhibit poor judgment of risks or social situations.

Indigenous Australians

Aboriginal and/or Torres Strait Islander peoples may have specific needs related to their cultural heritage, language, background and current living and social situation.

Age

Young people are likely to have less developed patterns of thought, movement, language, judgment and ability to make decisions than an adult. Mature-aged individuals may have deteriorating health, physical abilities, memory, mobility and confidence in their own skills, as well as increasing frailty and dependence upon others for support

Cultural

The person may have needs related to their cultural heritage – language, background and current living and social situation; requirements for modest dress, specific food and avoiding contact with people of the opposite gender are also common.

Sensory disability

The person may have difficulty communicating with others, moving around safely in an unfamiliar environment and an increased dependence on others with specialist communication, orientation and mobility skills for support.

Disadvantaged groups

The person may:

▶ be difficult to contact

▶ lack personal details such as an address or phone number

▶ have fluctuating health

▶ appear unkempt or poorly presented

▶ experience difficulties maintaining expected levels of personal care and hygiene.

Family unit

There is a need for additional or complex supports within the family unit, as the person may:

▶ experience instability or abuse within the family

▶ be exposed to undesirable situations for their age

▶ spend only limited time interacting with close family members

▶ develop strong relationships over time with other adults who spend time within the home environment.

Emotional and psychological needs

Emotional and psychological needs may be felt in an acute or chronic way. An emotion like fear can be felt about many things – a person can have a fear of death, of poverty, of being hurt, or losing someone or something.

Examples of emotional or psychological states include:

▶	fear	▶	facing death
▶	anger	▶	facing physical decline
▶	grief and loss	▶	insecurity
▶	dealing with pain	▶	post-traumatic stress
▶	anxiety	▶	loneliness.
▶	guilt		

Example

Work within the context of the person's experiences, understandings and meanings to understand their needs

Rosie is a support worker for a local community mental health service. She has been asked to meet Jasmine, aged 19, at a coffee shop. Jasmine's usual worker is a youth worker, Emma; however, Emma has just called in sick. The office has been unable to contact Jasmine to cancel the appointment.

Rosie has not met with Jasmine before, so she reviews her file and notes that she has just started a beauty therapy course. Jasmine needs to be told that Emma is sick, but needs little else from the meeting, as it is with Emma that Jasmine has established a relationship with, not Rosie. Emma and Jasmine will have shared understandings.

When Jasmine arrives, she is very annoyed that Emma could not meet her for coffee. She is also annoyed that Rosie, who is old enough to be her mother, is present. Jasmine says she can't stay for long. Rosie introduces herself and apologises for Emma's absence. She uses open body language and briefly explains what she needs to. She asks if there is anything Jasmine would like Emma to know and explains what will happen if Rosie needs to be away from work the following week.

Jasmine feels that she is being respected and treated as an adult. She appreciates that Rosie keeps the meeting short and feels more secure knowing the arrangements that are in place if Emma is away for an extended period of time.

Practice task 17

1. What enables a support worker to adopt an individualised approach?

2. When gathering information about a person to assist them to meet their goals, what must a worker do if they need information from another agency?

Click to complete Practice task 17

Summary

1. Sharing information is a fundamental component of recovery-oriented models of mental health service provision.

2. Mental health support workers should use communication skills to show respect and to acknowledge the value of the person's contribution and to acknowledge their bravery in sharing their story.

3. Research data supports optimism about the outcomes for people with mental health care needs, when a recovery-based approach is used.

4. Evidence-based research means observing and collecting information about what works and what does not, and making decisions based on objective evidence, rather than on guesswork.

5. People with mental health needs are more than their illness or situations, and changing the focus from treating illness to supporting personhood and engagement in community life can enable people to lead functional, meaningful lives even if their mental illness is not necessarily 'cured'.

6. It is important to respond appropriately to a person's story and maintain a non-judgmental attitude.

7. A respect for human rights and dignity and a belief in hope of recovery underpins all work within recovery-oriented models.

8. A willingness to collaborate and to make sure people feel emotionally safe is critical to the development of a self-directed recovery relationship.

9. Commonwealth and state legislation make it illegal to discriminate against people on the basis of impairment.

10. Mental health practitioners and organisations should avoid creating negative, devaluing associations for people who have a lived experience of mental illness. Care should be taken in naming and locating services.

11. When a mental health practitioner is unable to provide specialised care and referral to a person or service with relevant expertise is required, the person with care needs must provide consent. They must understand clearly what they are consenting to and why it is needed.

Learning checkpoint 3
Invite information sharing

This learning checkpoint allows you to review your skills and knowledge in inviting information sharing.

1. Why is it important to clearly outline the rights of a person with mental health needs and offer to assist them to exercise those rights when necessary?

2. Explain what is meant by discrimination. How could discriminatory behaviour affect those with mental illness?

3. Explain why it might be difficult for a person to tell their story, and how you can make it easier for them.

4. What does responding appropriately to a person's story entail? List four ways of responding that foster respect, dignity and hope.

5. Identify two ways that mental health can impact on a person's life.

6. Explain how the eligibility criteria for access to a service vary.

7. Describe two key aspects of working with a person to understand their needs.

8. What are three characteristics of the way evidence-based practitioners work in the mental health sector?

9. Identify two sources of information about aims, policies, programs, criteria and procedures of services available to people with mental health needs.

10. Identify two advantages of a person accessing services early in their illness.

11. Briefly explain the interviewing/counselling techniques of open and closed questioning, reframing and summarising

Topic 4

In this topic you will learn how to:

4A Share information about the organisation and programs, services and support available

4B Facilitate an exchange of information and develop a shared understanding

4C Share and exchange other information required to establish a recovery-oriented collaboration

4D Work with the person to determine their readiness and desire to self-advocate

4E Work collaboratively with the person to agree on the services, support and desired relationship

4F Agree on roles and responsibilities for both the person and the worker, and document appropriately

4G Clarify and document any other accountability requirements

Define and confirm the collaborative relationship

Collaboration means to work together to achieve shared goals. It implies sharing information, skills and effort, and in the context of mental health work, also implies values that support respect, autonomy and empowerment. In any collaboration between a worker and a person who receives the service, the person's needs, goals, interests and choices take precedence. Defining what the relationship is and confirming its collaborative nature is one of the foundations for an effective working partnership.

Current approaches to health care require collaboration, where all parties work together to support the person with mental health needs to work towards and achieve their goals.

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.

4A Share information about the organisation and programs, services and support available

People may need a range of services to assist in their recovery. Some services may be provided internally by your employing agency, while others will be provided externally by specialist agencies and services. It is within your job role to develop a good understanding of the resources available and how to utilise them and to share these with the person you are working with.

In sharing information about your organisation and the range of supports, services and programs available, you must take into account the legislative and policy framework in which you operate, including practice standards, codes of practice and any relevant mandatory reporting requirements.

Share information

To share information about your organisation and its programs, services and supports, you need to have a sound understanding of what the organisation does, what methods of service delivery it uses, what resources are available and how these are accessed. You need to understand:

▶ the structure of your organisation, its hierarchy and the roles of staff

▶ the protocols and procedures for communicating with people within and outside the organisation

▶ the eligibility criteria for its services and programs

▶ its underpinning values and beliefs, especially in relation to mental illness and recovery.

It is also helpful to understand how the organisation and its various programs and services are funded and what connections it has to other organisations and service providers. You also need to use a range of effective communication skills.

Share information effectively

You will also need well-developed effective communication skills, including the ability to match your communication style and methods to the communication needs of the person; for example, does the person need or want written information to back up and expand verbal information? Does the person feel comfortable receiving information in a group setting? Would they prefer to access information online and in their own time? How can you ensure that they have opportunities to ask questions and clarify information? Is there a need for an interpreter, or for written information to be provided in the person's first language?

Remember to allow enough time for the person to absorb information, reflect, and perhaps return for more information; ensure that the information is provided in ways that the person can relate to their own needs and situation. Be judicious in how much information you provide within a short space of time; sometimes breaking complex information into bite-sized chunks is more effective. And always remember that sharing information is a two-way process.

Policy frameworks

The work that you do in collaboration with the people you are assisting to self-direct their recovery is guided by laws, national policies, codes of practice and practice standards. These determine what resources are available and how they are accessed.

A policy framework is a set of stated principles and long-term goals that are used to guide planning and organisation.

The National mental health strategy is a commitment by Australian governments to improve the lives of people with mental health needs.

On 26 November 2015, the Australian Government Response to *Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services* was announced. The focus is on the use community-based, self-directed recovery models to promote the rights, inclusion and wellbeing of people with mental illness and their families and carers.

You can read more information at http://aspirelr.link/mental-health

Mental health practice standards

The *National practice standards for the mental health workforce 2013* outline the capabilities that all mental health professionals should achieve in their work. They are intended to complement discipline-specific practice standards or competencies of the professions of nursing, occupational therapy, psychiatry, psychology and social work; for example, the Australian Association of Social Workers' *Standards for Mental Health Social Workers 2014*.

You can access the *National practice standards for the mental health workforce 2013 guide* by visiting http://aspirelr.link/national-practice-standards-mental-health

The key principles of the standards are consistent with national policy and requirements for delivering mental health treatment, care and support in Australia, and are embedded in the practice standards. The standards provide information that can be used as guiding principles for everyday work. A good quality service provider would have quality performance indicators and other compliance measures that would be used to test and measure the degree to which individual workers are providing the required service to the people they support.

Note that the practice standards differ to the *National standards for mental health services 2010*, which is outlined in section 4B.

Mental health practitioners are required by the standards to:

▶ promote an optimal quality of life for and with people with mental illness

▶ deliver services with the aim of facilitating sustained recovery

▶ involve people using services in all decisions regarding their treatment, care and support and, as far as possible, the opportunity to choose their treatment and setting

▶ recognise the right of the person to have their nominated carer involved in all aspects of their care

▶ learn about and value the lived experience of people using services, and their family or carers

▶ recognise the role played by carers, as well as their capacity, needs and requirements, separate from those of the person receiving services

▶ recognise and support the rights of children and young people affected by a family member with a mental illness.

Codes of practice

The purpose of a code of practice is to provide practical guidance to any person or organisation providing a service or performing functions and duties under an Act of Parliament. The state-based mental health Acts outline the laws on mental health, and the organisations involved in delivering services will have developed a code of practice that provides advice on how to achieve specific standards of practice for the delivery of mental health support and services.

Code of practice documents provide guidance on effective ways to manage and comply with ethical or legal standards. There could be codes developed for confidentiality, privacy, disclosure, mandatory reporting and other legal or ethical considerations when working with people with mental health needs. These codes can outline particular skills, knowledge or attitudes expected of those who work in mental health services.

Each organisation will have its own set of codes and induction and training for work within an organisation should include a description and overview of the particular codes of practice.

Different codes of practice

Codes may be variously called codes of practice, codes of conduct, and codes of ethics. A code of practice often refers to how a service is to be delivered; a code of conduct to the behaviour and conduct of staff; and a code of ethics to how workers in a particular profession will deal with ethical issues and implement ethical principles.

Codes of practice and codes of ethics relevant to working in community services and in the mental health sector include:

▶ a code of ethics for community workers

▶ a code of practice for community workers

▶ a code of practice for mental health social workers

▶ a code of conduct for nurses.

Mandatory reporting

Mandatory reporting describes the legislative requirement imposed on certain people to report suspected cases of child abuse and neglect to government authorities. These people interact with children and young people in the course of their work and include doctors, dentists, nurses, midwives, teachers, police officers, counsellors, coordinators of home-based care for children and public servants who deal directly with children.

In the case of the mental health sector, it is the supervisor's responsibility to report, but mental health care workers who support children need to report their concerns to their supervisor. If a person with mental health needs whom you support communicates their concerns to you regarding any abuse or neglect, you should take it further as required. This is an example of the person understanding and exercising their rights in terms of their legal and ethical responsibilities.

Common ethical principles that guide programs and services

The principles outlined here are commonly found across many of the codes of practice and codes of ethics that may be relevant to your work.

Common principles and values
▶ Valuing individuals as human beings
▶ Equity and fairness
▶ Due process
▶ Transparency
▶ Respect for human dignity
▶ Social justice
▶ Support of rights
▶ Acknowledgement of diversity
▶ Working within the law

Practice task 18

1. Identify three types of information a worker must take into account when sharing information about services.

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2. Briefly explain what is meant by a policy framework.

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3. List three principles that support Australia's mental health policy and that are embedded in mental health practice standards.

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Click to complete Practice task 18

4B Facilitate an exchange of information and develop a shared understanding

Recovery in this context is usually defined as something along the lines of achieving a life that the person finds meaningful, hopeful and satisfying even with limitations caused by mental illness. One of the foundations of recovery-oriented practice includes developing an understanding of what this means in an individual case and sharing this understanding between the worker and the person undertaking a recovery journey.

The recovery literature challenges traditional ideas that recovery is about being restored to a previous state of health. From a philosophical point of view, whether anyone ever returns unchanged to a prior state after an event is debatable. We are changed by each event in our lives, if not in the objective sense, certainly in the experiential sense and in how we view the world. Each event makes its own contribution to our perceptual framework. In this context, the term 'recovery' should not be confused with the notion of cure or absence of symptoms.

Because recovery is a personal and unique process, every person develops his or her own definition of recovery.

Understandings required for facilitating a recovery-oriented exchange of definitions

The recovery literature identifies a range of factors and key skills for workers who are working in a recovery-oriented way. A worker needs to develop the sensitivity, cultural knowledge and communication skills to cater to individual differences in the way a person understands and experiences their illness. Practitioners need skills for identifying potentially adverse or isolating impacts on a recovering person, and they need to know how to act to act to prevent or weaken the effect of these. They need to understand the effects of the experiences of torture, trauma, displacement, loss, racism and discrimination and also how spirituality, community, kinship and family can support recovery processes.

Theory underpinning a recovery approach

The 2013 Commonwealth document *A national framework for recovery-oriented services: Policy and theory* explains a number of factors that influences developing a shared understanding between mental health practitioners and people with lived experience of mental health issues.

A shared understanding of recovery is developed:

▶ in the contexts of a person's cultural identity as a basis for understanding how they see self, kinship and relations with the broader community

▶ in the contexts of a person's gender, age and developmental stages

▶ within a web of relations that includes the individual, family and community

▶ in the context of positive and negative impacts on health and wellbeing, and cultural diversity.

Other important factors

In order to be effective, a service and its mental health support workers need to be alert and responsive to the potential impact of inherited history and collective trauma. They need to be multidisciplinary, multiagency, cross-sectoral and partnership-based, and people with support needs will need to understand that their recovery journey will involve more than an individual worker. They will be helped when the right combination of services, treatments, supports and removal of barriers allows them to participate to the extent that they would realistically like to in work, education and community life.

Communication skills for recovery-oriented practice

To facilitate such a collaborative exchange of definitions and understandings of recovery, you will need effective communication skills, especially active listening, and you will need to have reflected on and clarified your own understandings of recovery and recovery-oriented practice so you can express your ideas and beliefs clearly. You will need to:

▶ keep an open mind

▶ avoid being judgmental (being particularly aware of body language)

▶ accept and feel comfortable with differences.

To prepare for such an exchange, you might find it useful to review literature on recovery-oriented practice and explore some personal stories about recovery journeys. Remember that recovery-oriented practice is founded on instilling hope, trust and respect into the relationship through which a worker facilitates a person's self-directed recovery journey.

Cultural diversity and recovery

Mental health workers must often work with people who have a different cultural and/linguistic background to them. In order to work in a culturally sensitive way, the worker may need to do the following.

Acknowledge

Acknowledge the importance of relationships and work with people who may be able to assist, for example: elders, interpreters, cultural advisors in addition to family and support networks.

Provide

Provide physical and emotional environments in which people of different ages, developmental stages and backgrounds feel safe.

Integrate

Integrate primary health, mental health, drug and alcohol and community and family services to support people who want to reconnect with their culture as part of their recovery journey.

Create a shared understanding of a person's right to be at the centre of their care

Therapeutic conversations between a person with lived experience of mental illness and a mental health practitioner take place in the context of mental health standards that support a person-centred approach aimed at a sustained recovery.

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.

Here are some of the key principles that inform the national standards.

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 have their nominated carer/s 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.

Standards for mental health

The following table sets out the 10 standards (the NSMHS) with which mental health services should comply. You can also read more about these standards at: http://aspirelr.link/national-standards-mental-health

Number button head

1 **Rights and responsibilities**
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.

2 **Safety**
The activities and environment of the MHS are safe for individuals, carers, families, visitors, staff and its community.

3 **Individual and carer participation**
Individuals and carers are actively involved in the development, planning, delivery and evaluation of services.

4 **Diversity responsiveness**
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.

5 **Promotion and prevention**
The MHS works in partnership with its community to promote mental health and address prevention of mental health needs and/or mental illness.

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 illness.

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.

Mental health legislation

A mental health practitioner may first meet a person experiencing an acute episode of mental illness. The actions and communication of the worker come under the guidance of the following legislation in that instance.

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* is to provide a legislative scheme for the assessment of people who appear to have mental illness and for the treatment of those with mental health needs. 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.

Example

Address the comfort of the person while developing a shared understanding

Chen is a youth worker who is working with Jayden. Jayden is a young person who has been sent to Chen for initial assessment. Jayden is shifting in his chair and spends his time looking out the window.

Chen: Jayden, how are you?

Jayden: Fine.

Chen: Your fists are clenched. You appear to be a little uncomfortable.

Jayden: That's because I'm a loser.

Chen: So you're telling yourself you're a loser.

Jayden: What?

Chen: You're not a loser, but your mind is telling you that you are a loser.

Jayden: So I should just try to stop thinking that I am a loser?

Chen: Do you think that would work?

Jayden: No.

Chen: So, rather than trying to stop thinking negatively, say to yourself that your mind is telling you that you are a loser.

Jayden: My mind is telling me that I am a loser.

Chen: How does that feel?

Jayden: Surprisingly, better than it does saying I am a loser.

Chen: Whenever your mind tells you something unpleasant, acknowledge what your mind is telling you by saying, 'My mind is telling me that ...'

Jayden: I'll give it a go.

Chen: How are you feeling now?

Jayden: A bit calmer.

Chen: I have some questions to ask you. Do you mind if I run through them with you?

Jayden: I'll give it a go.

Practice task 19

1. Name and explain two standards from the *National standards for mental health services 2010*.

2. Explain briefly why developing a shared understanding of what recovery means is important.

Click to complete Practice task 19

4C Share and exchange other information required to establish a recovery-oriented collaboration

Sharing other relevant information as the relationship progresses is also essential. Sharing information about new life events, experiences, failures and successes is essential as it allows shared evaluations and decisions to be made about which strategies are working well and which are not, and how arrangements can be adjusted. The person's needs and goals may change – the worker may develop fresh insights from self-reflective practice, and new research findings may be relevant. Again, you as worker will need to use effective communication skills to ensure that the flow of shared information continues. As always, key elements in maintaining a sharing relationship are trust and respect.

You must also be aware of and follow principles of privacy and confidentiality when a person is disclosing (sharing) information; this is an ethical and legal requirement, and is a strong foundation for building a trusting relationship. Without trust, full disclosure and genuine sharing are unlikely to happen.

Share and exchange other recovery information

During the course of sharing information and understandings, a person may need to make decisions about whether to share information held by another organisation or whether to consent to sharing current information about themselves in their initial appointment with you, or to another agency or service.

It is beneficial to the mental health consumer if agencies collaborate to provide services holistically, working together to address the person's needs, rather than each agency looking at only one aspect in isolation. For example, if a person has a mental illness and a drug dependence (known as a dual diagnosis), the mental health service and a drug treatment service should be working together to meet the consumer's recovery needs and make best use of limited resources.

In all cases, according to the National Privacy Principles, information may only be collected from people if they are aware of why the information is gathered and how it will be used. This information can only be shared with other people with the consent of the person.

Aside from the legal obligations, decision-making is a key part of involving people with lived experience of mental health. It is recognised that a sense of autonomy or control over one's life is essential to good mental health and gaining consent from consumers helps them feel in charge of their own lives.

Maintain confidentiality and privacy of the person

Maintaining confidentiality and privacy of the person is vital to developing a respectful relationship with the person you are supporting and is part of respecting a person's privacy and individual rights. People feel disempowered if they have no control over what others know about them. Privacy refers to a person's ability to control access to themselves, their space and their possessions, including information about themselves. Privacy also means taking steps to avoid embarrassment and humiliation. This is especially true in the case of someone with a mental health illness – without these practices in place, your relationships with the people you support will be negatively affected.

All mental health services must develop and implement privacy and confidentiality policies, and have procedures in place for the implementation of the policies. There are legal and ethical reasons to maintain confidentiality and the privacy of a person.

Privacy and confidentiality policies and procedures

Confidentiality is a legal and ethical responsibility of all workers in the mental health sector and the health sector as a whole. All states and territories have legislation that governs the handling of health information in both the public and private sectors. Health privacy legislation includes rules regarding the collection, storage, access, accuracy, disclosure, identifiers and transfer of information.

All mental health services must develop and implement a privacy and confidentiality policy, setting out procedures for the management of personal health information held by the service. The policy must explain how personal health information is collected and used within the service, and the circumstances in which it may be disclosed to third parties. It must also outline specific privacy and confidentiality procedures.

The following outlines procedures for privacy and confidentiality of health information.

Procedures for privacy and confidentiality of health information

▶ Ensure the collection of personal health information is conducted in a setting that provides privacy and protects the information from access by unauthorised people.

▶ Obtain the individual's consent to the use or disclosure of personal health information for the purposes of research and quality assurance and improvement.

▶ Ensure an individual's consent is relevant and up to date.

▶ Provide the person with access to their personal health information upon request.

▶ De-identify personal health information where necessary.

▶ Collect health information directly from the individual if possible.

▶ Ensure that personal health information is disclosed to third parties only where consent has been obtained.

▶ Protect against unauthorised access to information while stored and transmitted in any form, including electronic, paper or verbal.

▶ Ensure security against loss of data.

Maintain privacy and confidentiality

When discussing a person's situation, always be aware of maintaining their privacy. You must protect confidential details and always need the person's consent if you wish to talk about their situation. Often people are happy to give their consent because they know you want to help.

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information, but this is generally only when you become aware that someone may be harmed.

It is an ethical obligation to maintain the privacy of people as it contributes to their dignity and self-confidence. Do not ask embarrassing questions in front of others, and only provide the necessary amount of information to support people. People won't feel emotionally safe to disclose feelings and concerns to you if they believe this information will be disclosed to others.

Collection, use and storage of information

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

There are now 13 national privacy principles that apply to the collection, use and storage of people's information. Here is further information about how to handle personal information.

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.

Disclose and share information

Mental health workers are allowed to, and should, share confidential information about the person they are supporting with their manager or coordinator when necessary. Often it is necessary to work with a range of other agencies. All organisations providing support to people with mental health needs will have policies and procedures in place to ensure confidentiality and the privacy of the person. They will also have procedures and policies on informed consent and disclosure, which is the sharing or revealing of information about a person.

Disclosure and consent policies will explain how personal health information must be collected and used within the service, and the circumstances in which it may be disclosed to others. It must also lay down procedures for ensuring that the collection of personal health information is conducted in a setting that provides privacy and protects the information from access by unauthorised people. Consent is given for access to particular information for a particular purpose; often the specific workers

within the agency receiving the information are also named. Most organisations gather this consent using a specific form. Consent forms may vary in name and format between agencies.

Example

Consider privacy and confidentiality when sharing information

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

Written information

Examples of written information include:

▶ 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

Examples of verbal information include:

▶ telephone calls

▶ meetings

▶ consultations

▶ case conferences

▶ informal discussion.

Practice task 20

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

Case study

Isaac attends a drop-in centre for people with mental health needs. He has bipolar disorder and has recently experienced a long period of depression – longer than usual. His father, John, calls the centre wanting to talk about Isaac's condition. Isaac has not given permission for the workers at the centre to speak about him with his father.

1. How would John's request for confidentiality health information be dealt with?

2. Would Isaac be required to disclose his mental health information to his employer? Explain your answer.

3. What legislation is relevant to the management of documents and records of people who access services, including mental health services?

Click to complete Practice task 20

4D Work with the person to determine their readiness and desire to self-advocate

To advocate means to speak for or represent someone. Self-advocacy is speaking for and representing oneself, and one's needs, goals and interests. In self-directed and recovery-oriented models, this is a fundamental goal. In addition, part of the focus in the journey is to develop skills and abilities required to becoming an effective self-advocate. As with all aspects of this model, becoming a self-advocate must be directed by the person. It must wait for the person to be willing and ready to begin to achieve self-advocacy. Self-advocacy allows the person to participate more fully in the service by expressing their needs, goals, and choices assertively and clearly.

Historical and current models of understanding

Self-advocacy as a social movement in an Australian community services context began in the disability sector in the mid-1980s following landmark legislation, the *Disability Services Act 1984* (Cth), which was overtly intended to improve the status of people with disabilities and to redress some of the negative impacts of past treatment. The influence of the underpinning concepts of social role valorisation was a factor in the development of this legislation. One of the principles supported by this Act was that of choice and self-determination; as this notion became more widely accepted within the sector, efforts were made to support groups of people with disabilities to advocate for their own needs, rights and interests. This social movement spread to the mental health sector and similar concepts, principles and approaches were adopted.

Factors supporting self-advocacy

Here is a summary of the skills, abilities and conditions required for effective self-advocacy that strengthen a person's ability to speak on their own behalf.

Requirements for self-advocacy
▶ Effective communication skills, including active listening and assertive communication
▶ Trusting relationships with workers and other significant people
▶ Self-confidence and belief in one's own abilities and capabilities
▶ Experiencing positive outcomes
▶ Underpinning values and beliefs that support rights and notions of autonomy and believing that one actually has rights
▶ Peer support and group action to reinforce confidence and share skills
▶ Positive images and perceptions

Determine person's readiness

Developing skills, abilities and conditions for effective self-advocacy can take time and effort. A key foundation to becoming a self-advocate is for the person to believe that they have rights, an understanding of what those rights are, and how they apply to their own particular situation. Without this belief and knowledge, a person will not be able to stand up for and assert their rights.

Many people with mental illness, partly as a consequence of past models of treatment, and internalised negative stereotyping and lack of information, do not believe that they have the same human, civil and personal rights as others. Particular mental illnesses may also contribute to this by undermining the person's sense of self and self-worth and by distorting their view of the world and sense of reality. Mental illness is a very isolating experience. If a person believes that they are essentially different and worth less than others and if their personal experience has been of rejection, devaluation and exclusion, they will probably find it hard to stand up for your rights. So, it is essential for the person to believe that they have rights, and have this belief confirmed by those around them.

Reinforce the growth in confidence of a person on a recovery journey

Self-confidence and self-esteem are linked to believing that you have rights and that you are a worthwhile person. Self-confidence is also supported by positive experiences – self-confidence grows with success and is diminished by failure. Repeated experiences of failure to express and assert one's wishes, and repeated experiences of having one's wishes ignored and discounted, undermine self-confidence.

Other factors that influence a person's readiness to self-advocate

Your ability to work with people who have mental health support needs, to determine their readiness to speak on their own behalf and become active in pursuing opportunities that are meaningful to them and within their rights, requires that you take account of the following.

Communication	Without effective communication skills, it is impossible to express your wishes and represent your own needs, rights and interests. Communication barriers may arise from the particular mental illness, as some conditions interfere with a person's ability to link thoughts and speech, or result in chaotic and rapid thoughts and speech. Other conditions may depress the person's functioning to the point where they are unable to communicate at all.
Past experiences	Past experience is an important factor. Without at least some past experience of succeeding in getting a message across, having it acknowledged and having it acted on, self-advocacy is unlikely to happen. Positive outcomes reinforce self-advocacy – without them, people become discouraged and stop trying.

Practice and choice	Think about how you learned the skills of making choices and decisions. You probably started with small choices and minor decisions, experienced the outcomes, made mistakes and learnt from them, and continued to develop these skills. Without opportunities to practise, people do not learn. Many people with mental health needs have experienced powerlessness and have had most of their choices and decisions made by others. In developing readiness to self-advocate, it is essential to provide opportunities to make choices and decisions.
Access to information	Without access to the full range of relevant information, a person cannot make informed choices and decisions.
Peer support	Peer support and acting as a group can be a powerful factor in promoting self-advocacy. People learn from each other, sometimes more easily than from an 'authority' figure; and peer support reduces a sense of isolation and increases a sense of safety (safety in numbers!) The voice of a group of people may be listened to more readily than a single voice; and in practical terms, it may be safer to act as a group as this may protect individuals from possible retribution.

Informed consent

In many workplaces, there is a process called informed consent. Medical or other treatment cannot be given without informed consent under the *Mental Health Act 2014* (Cth). If the person is under 18 years of age, you must get permission to do an activity or task from the person who is legally able to give the permission, such as a parent or legal guardian. Once a person is 18 years of age, they can consent to take part in an activity or task. In some cases, there may be a court instruction that a person over 18 is not able to make their own decisions. In these cases, family members or legal guardians make the decisions for them. If this happens, you will be given information about who you need to ask for permission.

The NSMHS 2010 state that consent is an 'agreement based on an understanding of the implications of a particular activity or decision and the likely consequences for the consumer'.

Here are some things to consider about informed consent.

No coercion

Consent should be obtained freely and without coercion, threats or improper inducements.

Clear

After disclosure, adequate and understandable information should be provided in a form and language demonstrably understood by the person.

Complete

Answers and disclosures must be sufficient to enable the person to make a fully-informed decision based on all relevant factors including the nature of treatment involved, the range of other options and the possible outcomes and implications for the person and others.

Barriers to informed consent

The ability of a person to make decisions about their support and to give consent may be impacted by temporary capacity issues, limited English language skills, intellectual disability or pressure from family or others. The person with the mental health needs should be supported to make decisions within their capacity, and to review these decisions regularly. To make effective decisions, a person needs to have all the relevant information available to them and have this information explained if necessary. Such information includes confidentiality and privacy policies.

Types of consent

When a respectful relationship has not been developed between the support worker and the person with the mental illness, there may be a reluctance to provide consent. Once you establish trust, the person may be more willing to provide consent. Consent is either implied or explicit, as outlined here.

Implied consent

Consent might be implied when a person is involved in making decisions about their needs and actively involved in discussing strategies and options for themselves. They would understand the relevant actions to be taken and therefore consent would be implicit.

Explicit consent

Explicit consent is always preferable. This could be a verbal assurance with documentation notes or could include signing an agreement consenting to the service or information to be collected and interpreted. The person you are supporting can revoke their consent at any time.

Example

Consent to enable participation in a service

Community service organisations use consent forms based on the requirements of standards, regulations and legislation. Here is an example of a consent form for disclosing information.

Kirkdale Wellness Centre

Consent to disclose information

Declaration	I, Jacqueline Foster, of 27 Vasey Court, Wynvale SA, 5098 consent to Kirkdale Wellness Centre disclosing information pertaining to me to Outer South Respite Service for the purpose of referral/application for respite funding.
Specific details of information (if required)	Medications, treatment history, specialist referrals
Nature of disability	Bipolar disorder
Personal care needs/supports and equipment required	Individual therapy, possibly person consultant, group activities
Contact details	27 Vasey Court, Wynvale SA, 5098 0404 040 404
Current home situation	Living alone
Financial details (including current disability packages/ funding)	Self-funded
Limitations (if required)	n/a
Person's name	Jacqueline Foster
Person's signature	*Jacqueline Foster*
Witness	Kaye Green
Witness signature	*Kaye Green*
Date signed	20 November 2017

Practice task 21

1. What is meant by self-advocacy? Why is it important in self-directed recovery models?

2. Identify the importance of positive past outcomes in developing self-advocacy.

3. Identify three considerations for obtaining informed consent.

Click to complete Practice task 21

4E Work collaboratively with the person to agree on the services, support and desired relationship

Working collaboratively is one of the key foundations for recovery-oriented practice in mental health. You need to work with the person to reach agreement about the services to be offered and the way your relationship will work. Sharing information and understanding about roles and boundaries is essential. Built into this collaboration is recognition of legal and ethical requirements, how these apply within the particular organisation and in individual practice. Human rights are also an essential foundation for recovery-oriented practice, and how these are addressed within the collaborative relationship must be stated explicitly and understood clearly by both parties.
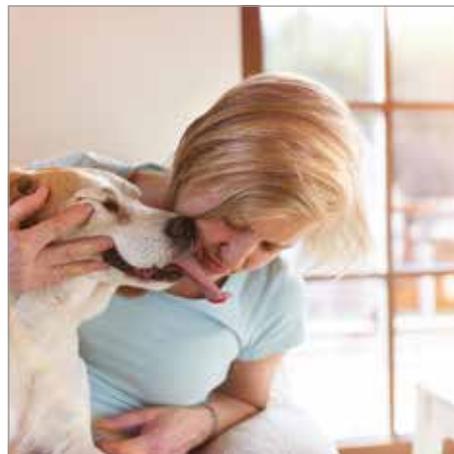
Work collaboratively

Working collaboratively requires effective communication skills to share information, negotiate and reach agreements about all aspects of the recovery journey. You must also have a sound understanding and up-to-date knowledge of the full range of services and supports available so that you can ensure that the person has access to all the relevant services. You must share this information so that the person can make informed choices and decisions about which services best suit their needs and goals.

It is important to recognise that the relationship may not always run smoothly, and to share ideas about strategies to resolve any conflicts that may arise. Agreeing on these rules early in the relationship can avoid future misunderstandings.

Asking open questions, using active listening, offering opportunities for the other person to tell their story and explore options, and remaining hopeful and positive about the person's strengths, abilities and outcomes is also important.

The agreed recovery alliance relationship

In working to support people with mental health needs, workers must facilitate a recovery alliance relationship that is agreed upon by the parties involved. The idea of individualised recovery being supported by an alliance or collaboration of people, including the person themselves, family members/carers, support workers and health professionals, is based on the belief that every person has strengths and capabilities and that everyone's experience has value.

Workers, the person with support needs and relevant others agree to work together to support the person's goals for recovery, which are defined by the person themselves.

In this relationship, the person is not passively receiving services assigned by an authority figure, but is actively taking responsibility for their own recovery by engaging in a collaboration with the people who can support those goals.

Here are some key ways that you can support an agreed recovery alliance relationship.

You can support a recovery alliance relationship by:

▶ recognising the person with support needs as the expert on their own lives

▶ facilitating the person to set goals and define their own recovery outcomes

▶ facilitating capacity-building and the person taking responsibility for their own recovery

▶ accessing services, professionals and resources that support the person's recovery

▶ providing people with relevant, timely and up-to-date information

▶ modelling respect for diversity and valuing everyone's lived experience

▶ ensuring each person's cultural, language and access needs are met

▶ facilitating community participation, social bonds and connection.

Nature and type of services or support to be offered

The outcome of the self-directed, recovery-oriented collaboration between a mental health worker and person who has a lived experience of mental health issues is a recovery plan. This plan provides guidance and structure about the services and activities likely to make a positive contribution to a person's recovery and any action required by the person, the mental health worker or another person or agency. The amount of detail about these requirements can vary with each plan.
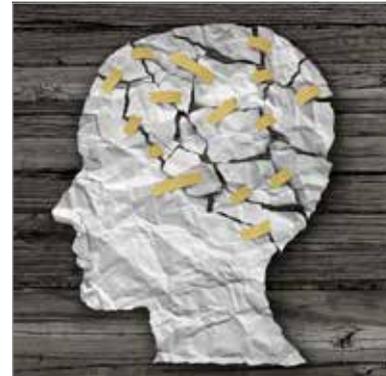
If there is any ambiguity about the requirements of possible services and activities, clarify information with the person, the case manager or your supervisor. The plan may include possible service and activity boundaries that clarify the role of services and the parameters for the support that is to be provided. It also provides guidance on the role of the mental health worker. For example, a recovery plan may include support to access training opportunities and could require the person to identify what training they want. This action empowers the person to make their own decisions and choices and encourages them to access the activities. The mental health worker can then assist by providing suggestions on where to find information about training opportunities.

The right to complain

People with mental health needs have the right to complain about the support they are receiving and/or appeal against a decision. In most cases, complaints are handled successfully by the organisation offering support. The organisational policies and procedures should include and outline the complaint process and the mental health worker will support the person through the process.

In the case that a complaint needs to be escalated because the person is not satisfied with the outcome or complaint process, the mental health worker needs to assist the person to exercise their right to escalate.

There are two places that a person can complain if they feel they have been treated unfairly or have experienced discrimination based on their mental health needs. The Human Rights Commission is a third party that investigates complaints about discrimination and breaches of human rights. It investigates areas of discrimination according to sex, disability (including temporary and permanent disability), medical conditions (including mental health), race and age.

The state-based Mental Health Commissions provide information on the Health Care Complaints Commissions available for every state and territory in Australia.

To access more information on the Health Care Complaints Commissions in your state or territory, visit http://aspirelr.link/nmhc-complaints-commissions

Human rights

The type and nature of services available to consumers with mental health support needs now, reflects the growing awareness of the human rights of all people.

Human rights recognise the value of every person, regardless of our background, where we live, what we look like, what we think or what we believe. They are based on principles of equality and respect, and are 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 people with mental health needs. It allows all people to contribute to society and feel included.

The Australian Government supports and respects many of the Universal Declaration of Human Rights, which was developed by the United Nations after World War II.

Australia supports human rights treaties, as outlined here.

Human rights treaties supported by Australia
▶ International Covenant on Civil and Political Rights
▶ International Covenant on Economic, Social and Cultural Rights
▶ International Convention on the Elimination of All Forms of Racial Discrimination
▶ Convention on the Elimination of All Forms of Discrimination against Women
▶ Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
▶ Convention on the Rights of the Child
▶ Convention on the Rights of Persons with Disabilities

Exercise rights

By exercising their rights, a person with a mental health needs can play a role in changing attitudes and reducing 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 by having direct input into their own care. 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.

Here are some specific examples of how people can exercise rights.

Getting involved

People can get involved by:

- ▶ being part of an interview panel for mental health jobs
- ▶ developing and reviewing policies and procedures
- ▶ advocating for other people with mental health needs
- ▶ being part of education, mental health promotion and awareness programs
- ▶ giving their views on research projects in areas such as service improvement, access and equity.

Support by mental health services

Mental health services can support a person's involvement by:

- ▶ fully informing people before they commit to roles and responsibilities
- ▶ ensuring people with mental health needs feels welcome and safe
- ▶ being flexible and observant (there may be times when the individual is having a bad day, or requires extra support)
- ▶ making communication easily understandable
- ▶ encouraging the person to support others and work together.

Example

A recovery plan

Caroline is 22 years old. She was studying for a childcare qualification when she began experiencing depression. As a result she withdrew from her studies, became socially isolated and stopped exercising. She is feeling much better lately and her recovery plan reflects a willingness to focus on her future and enhance recovery.

Here is her recovery plan.

Consumer priority	#1	#2	#3
Identified goals	Improve social networks.	Improve physical health.	Complete training to become a childcare worker.
Strengths to address services	Motivation	Motivation	Motivation Previous experience at TAFE with excellent academic results
Resources	Access to telephone and internet Support from mental health worker Support from Mother who will drive Caroline to appointments	Access to telephone and internet Support from mental health worker Mother who will drive Caroline to appointments Parents have agreed to fund (up to $200)	TAFE disability access service Previous lecturers who hold Caroline in high regard Job Network provider with enrolment costs
Agreed actions and services	Visit local neighbourhood centre to find out what is available. Explore volunteer options at local council volunteer centre. Reconnect with friends from before illness.	Find affordable local exercise classes and walking group. Explore joining the gym.	Contact TAFE to determine process for re-enrolment Determine suitable workload Choice of modules to enrol in Complete requirements
Expected outcomes	Meet local people and form friendships by engaging in neighbourhood house activities. Be included in local community events. Engage with other people while volunteering. Re-establish friendships.	Improved physical fitness Weight loss Stress management Feelings of wellbeing	Certificate IV in Children's Services Social contact with students

| Person/s responsible | Caroline – support worker to provide emotional support.

Support worker to research local government volunteer centre, including referral process. | Caroline to visit local gym with her mother who will ask for a free trial period

Support worker to assist by gathering information about local affordable services | Support worker, with Caroline present to contact TAFE.

Caroline to determine workload and modules.

Worker to liaise with Job Network provider regarding enrolment fees. |
|---|---|---|---|
| Time frame | One month to make initial contact | Six weeks to gather information

Visit gym in next two weeks | Next appointment in two weeks to contact TAFE

Before enrolment closure date

Payment by due date |

Practice task 22

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

Case study

Peter has experienced mood swings for several years and knows they are more extreme than most people might have, but he puts it down to something in his personality. Over time, he learns to conceal his more serious episodes of depression and tries to manage the highs by going for long runs or drinking excessively. Some of his friends sometimes make comments to him about his manic behaviour, but he just laughs it off.

He finally realises he has a real problem when he can feel himself getting more and more out of control. Peter receives a diagnosis of bipolar disorder. He is surprised but also relieved. At last he knows what is going on and can get medication and help to manage his extreme moods.

He meets his support worker and at their first meeting together, and the worker explains to Peter his rights in terms of his mental illness.

1. Make a list of Peter's rights.

2. Identify three communication techniques that the worker can use to work collaboratively with Peter.

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4F Agree on roles and responsibilities for both the person and the worker, and document appropriately

Part of the process of establishing agreement about roles and responsibilities is to follow your organisation's policy and procedures and to document this agreement accurately. In any ongoing intervention it is useful for each party to have a copy of a documented service agreement to be referred to in case of any doubt about who is responsible for what, and to use as the foundation for reflective practice and for monitoring and evaluating progress and outcomes. Before the plan is implemented, it is vital to collaborate with the person to ensure that they understand and take on their role as the leader in their own recovery.

The original agreement is the base line for measuring change and progress. Both you and the person can look back at it and ask the following questions:

▶ Did we do this?

▶ How did that work?

▶ Could we have done that differently?

▶ Is this a good strategy?

▶ Was there anything we forgot?

▶ Should we keep on doing it this way?

▶ Does anything need to change?

▶ What have we achieved so far?

The organisation's responsibilities, legal and ethical requirements and duty of care must also be addressed.

Agree on roles and responsibilities

To establish an agreement may take time and you will need effective communication and good negotiation skills. You will also need a sound understanding of your organisation's policies and procedures. These may include using intake interviews and forms and rules for how agreements should be recorded and documented. Each organisation will have its own formats and procedures, but there are some common elements.

Negotiating means working with someone to reach an agreement. It sometimes involves a kind of bargaining where one party compromises a goal or need in order to reach a more useful outcome. In this context, negotiation processes should be directed by the person receiving services. Your role is to facilitate this.

Identify the role of the person with support needs

When developing a recovery plan, the central place of the person with support needs has to be clearly integrated into every aspect of planning and fully understood by the person themselves. A person who participates fully in the collaborative process will provide relevant information about their goals, needs and preferences, leading to a plan that is specifically targeted to support their individual recovery journey. Every person has a right to receive services that meet their individual needs, which is facilitated by their full participation.

For this reason, it is important for workers to convey the importance of the person's role in their own recovery and to encourage them to take responsibility for their recovery. Taking a leadership role in their recovery helps foster the person's self-esteem and self-efficacy, supporting their autonomy and independence from the service.

At all stages, collaborate with the person to define their role and regularly remind them of their capability to succeed. It is vital that the person understands their rights and responsibilities in the initial stages of service provision. While the person's role will vary according to their circumstances and level of impairment, here are some of the basic expectations.

The person's involvement

The person with support needs should be involved in:

▶ identifying their needs

▶ developing appropriate support plans

▶ implementing support plans.

The person's obligations

The person with support needs has an obligation to:

▶ pay for services received (if payment is required)

▶ provide adequate notice if they are unable to attend appointments

▶ attend appointments on time

▶ respect the rights of others, including staff and other people who attend the service.

The role of the support worker

A support worker's role is complex and shaped by industry codes of practice that centre on collaboration with the person and incorporating a recovery-oriented approach to service delivery. Workers respond to the needs of a wide range of people, many of whom may have several issues or concerns to deal with. To take a holistic approach to meeting a person's needs, workers must consider all of the person's concerns, as well as their current and past personal circumstances.

It is important that workers take a facilitative approach to addressing a person's concerns, rather than making assumptions about what

they need. Workers should adopt a collaborative approach and people should be encouraged to actively participate in decision-making about the services they need and want. For this to happen, workers must ensure the person receives information about a range of services and resources, so they have the opportunity to make informed decisions about the best course of action for them. Workers must build rapport, trust and respect with the person so that they feel comfortable about discussing their concerns.

In terms of recovery planning, the worker's role depends upon their job role and the needs of the specific person, but should always involve:

▶ collaboration

▶ facilitating skill-building

▶ accessing and providing information and services for the person

▶ empathy and compassion.

Most importantly, all workers need to remember that their job role is one of supporting the person to be the leader in their own recovery journey.

Your role as part of a team

Your role will vary depending on your organisation. You need to understand what your role and responsibilities are, and whether you are working individually on a task, in a team or in a multidisciplinary work role. Make sure that you use good organisational skills to ensure that you undertake all your required activities in a timely manner, as people have a right to have services provided to them within a reasonable timeframe.

Working as part of a collaborative service team relies upon good communication between team members and every member taking responsibility for their own actions. Clearly documenting all aspects of service provision and implementation is crucial to avoid service duplication and to ensure timely, effective service provision.

Your role in a consumer's recovery plan should be clearly documented and may include the following activities. If you have any questions about your role, speak to your supervisor or the case manager immediately.

Your role may involve:

▶ working collaboratively with the consumer to determine their needs

▶ linking the consumer with a clinical case manager

▶ working with others in your organisation to promote the consumer's recovery

▶ working with others from other agencies and providers to promote the consumer's recovery

▶ taking on a case management role.

Rights and responsibilities of workers, employers and individuals

Everyone has the expectation that they will be both respected and able to contribute to their decisions that affect their care and the level or type of support as required. For people with mental health needs, their rights may need to be clearly explained. A mental health worker should assist a person to understand their rights and assist them to exercise them if required. It is a legal requirement that people are not discriminated against according to their health and they should understand they have the right to complain if they are not satisfied with the support they receive, or any other matter that they feel is discriminatory.

Understand rights

As a mental health service worker, it is your role to support people with mental illness. Always remember that the person is best placed to tell you what services they need and want. If they are unable to communicate this themselves, they may have a guardian or advocate protecting their rights and ensuring services best meet their needs.

People using mental health services have the right to participate in and give their opinions on their care. Organisational policies and procedures should promote empowerment and involvement, and guidelines should state that the person must be consulted and involved in service provision. The person with mental illness is in a good position to identify issues that need to be addressed, and their opinions should influence the services they use. Their ability to take responsibility for and control of their life is also central to their quality of life and recovery.

There are many rights that all people, including people with mental illness, have in relation to health services.

People receiving health services have the right to:

▶ receive accurate and easy-to-understand information

▶ make decisions when possible

▶ access relevant services

▶ be free from discrimination

▶ be treated as an equal and with respect

▶ participate in their own care

▶ confidentiality

▶ complain and appeal.

Duty of care

Duty of care is the obligation a person has to act in a way that would not cause harm. Individuals and organisations have a legal obligation to anticipate and act on possible causes of injury and illness that may exist in their work environment, or as a result of their actions. Duty of care is part of common law and it requires you to do what is fair and reasonable to prevent harm or injury to the person you support or their property. While aspects of WHS legislation may vary between states and territories, there are common legislative requirements and obligations under the duty of care principle.

Everyone in the community services environment has the responsibility of duty of care for themselves, the people they care for, visitors and each other. You, your supervisor, your colleagues and your leadership team all hold the responsibility of doing everything they can to remove or minimise possible causes of harm.

Organisations have legislative and regulatory obligations to maintain and act upon policies and procedures to guide and promote the safety and wellbeing of people.

Here is more information about duty of care.

Negligence

Negligence occurs when duty of care has been breached and harm to either person or property occurs. It is the legal and ethical obligation of any community worker, supervisor or organisation to ensure that people using services are not exposed to unnecessary or unreasonable risk.

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.

Work health and safety

There are many legal and ethical responsibilities to be aware of when working in the mental health sector. These include government legislation as well as organisational policies and procedures regarding discrimination, dignity of risk, duty of care, human rights, informed consent, mandatory reporting, privacy, confidentiality and disclosure, as well as the rights of workers themselves, supervisors, employees and the individuals they support. Workplace health and safety organisational guidelines should be available to all workers working in mental health, including a policy regarding emergency responses and how to deal with critical incidents.

All workers must understand and comply with workplace health and safety legislation relevant to their state or territory. Employers and staff at a mental health service have a legal obligation to take reasonable steps to keep themselves, and other people who are accessing the service, safe. This includes the people they support, their families, visitors (including children) and co-workers. Safety includes physical safety (coming to no physical harm) and psychological or emotional safety, which means that people

are not exposed to traumatic events that cause emotional distress. If people are exposed to harm, the worker and the agency must take action to address this harm; for example, by providing first aid, calling an ambulance or providing counselling.

Risk assessment

Mental health workers have a duty of care to those they support and other service users not to be negligent by exposing them to avoidable risk. Workers also have an obligation to report workplace health and safety concerns that could affect them. If you feel stressed at work, there is an obligation to raise this with your supervisor so strategies can be developed to address and manage it. Any hazard that can affect a person's health and safety should be identified so it can be addressed.

Many activities in the mental health sector carry with them some degree of risk. It is the organisation's responsibility to be informed about possible risks and identify the level of risk that an activity may pose. Assessing risks means understanding the nature of the harm that could be caused by the risk, how serious the harm could be and the likelihood of it happening. The level of risk is often given a ranking number, and if the score is high then control measures should be put in place to decrease possible harm to others.

Questions that can help with risk assessment
▶ What could go wrong?
▶ What are the consequences that may arise if something goes wrong?
▶ What is the likelihood that something will go wrong?
▶ What are the risks of not working towards the goal?

Rights of an employee

The right to privacy means there is no legal requirement for a person with mental health needs to tell people at work about their mental health condition. The exception would be when the condition of the illness has the potential to endanger the safety of the person or that of their co-workers. Whether the choice is made to tell others or not can depend on how much the condition affects the role, the amount of support the person has outside the workplace and their relationships with their work colleagues. It may also be a good idea to discuss the condition with the employer if it may compromise the standard of work, or it could affect work performance.

Workplace health and safety laws protect a person's right to a safe workplace, but under the same legislation there is also a responsibility for the individual to remain safe. If a person decides to disclose their illness to their employer, the employer has a legal responsibility to make changes to their role to help them keep working wherever reasonably practicable to do so. Employers are obligated by law to provide a safe and healthy workplace for all employees. Laws protect a person against discrimination in the workplace; however, unfortunately discrimination towards people with mental health needs still occurs in the workplace.

Discrimination could occur:

▶ during the recruitment process, in advertising, interviewing and selecting candidates

▶ when determining terms and conditions of employment such as pay rates, work hours and leave

▶ in selecting or rejecting employees for promotion, transfer and training

▶ through dismissal, demotion or retrenchment.

Example

Responsibility to prevent harm or injury to the person you support

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 that she plans to go camping with her friends 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 while unsupervised. Phillip and his supervisor discuss possible strategies and suggest to Caroline that she practise preparing the meals she plans to cook while camping at home. Caroline agrees – she is excited and can 't wait to go away with her friends.

Practice task 23

1. Explain the term duty of care.

2. How could it be difficult to juggle both dignity of risk and duty of care in providing a safe experience for a person you are supporting?

3. Why do workers need to clearly explain individual rights?

4. What is an employee's responsibility for workplace safety?

Click to complete Practice task 23

4G Clarify and document any other accountability requirements

As the implementation in the person's recovery plan proceeds, ensure you maintain all records and progress notes in collaboration with the person. Maintaining all documentation and keeping the consumer up-to-date with the implementation ensures they receive timely and effective services.

Documenting interactions and service details about a person with mental health needs is an important job that should always be done in a professional manner, as outlined by the organisation's policies and procedures. There are several legal requirements for the reporting, secure storage and access of these reports. The person with mental health needs 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. Here is more detail about these values.

Legal and ethical requirements

The *Privacy Act 1988* (Cth) sets legislative requirements and regulations governing how government agencies and some non-government agencies are required to manage information and sets principles for fair and equitable management of information and records.

Ethical principles

Ethical principles require workers to maintain confidentiality and not to share information about people receiving services with a third party without the person's informed consent, except in some specified circumstances. People receiving services have a right to see the information kept by agencies about them and to access and correct their records. These legislative and ethical requirements should be set out clearly in organisational policies, procedures, and charters of client's rights.

Document roles and timelines

Make sure that everyone's roles and responsibilities are clearly defined and documented in the person's recovery plan, and according to your workplace's policies and procedures. Roles and responsibilities should also be linked to documented timelines; for example, each action step in implementing a recovery plan should be given a specific timeframe and a person assigned to complete it.

Documenting these aspects of a recovery plan partially fulfil your documenting and recording responsibilities and significantly ease the implementation of the plan. For people with mental health needs who may find strategic thinking and organisational skills challenging, having a clear definition of what they have agreed to do and when helps them manage each step in their recovery.

Clarify accountability requirements

Being accountable means being answerable to someone – accountability means that someone can check up to see if you are doing what you are supposed to be doing and doing it in the right way. In community services, organisations are accountable to their funding bodies, to the government to the industry sector, to a profession, to people who receive services, and to the community.

Accountability requirements are outlined in legislation that governs service provision and in other relevant legislation in areas such as anti-discrimination and financial management, and can be specified in funding agreements. Having written, clearly-documented agreements and accountability requirements makes it easier to check and remain accountable.

In the context of the relationship between worker and person receiving services, accountability refers to the agreement between the worker and the person. It is also important to document this clearly so both of you are able to check for accountability. Legislative and ethical requirements should be covered as well as work roles and boundaries, and the specifics of the agreement about goals, strategies and outcomes.

Records management

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 is considered unprofessional, as it 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.

Information must be documented so that:

▶ 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, maintain the reputation of the organisation and endure legal scrutiny

▶ workers who are absent from work will feel confident that their colleagues can read the reports and notes, providing continuity of care for the person

▶ auditing requirements by government regulatory agencies are met

▶ you can look back over the history of care to reflect on what strategies and actions worked and what didn't.

Notes and records

Every person receiving support at a mental health service will have an information file kept about them. These records may be referred to as case notes or file notes. They may be hand-written and stored, or electronically recorded and filed.

Here are some guidelines that should be followed when writing case notes.

Be objective

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

Be precise

All workers struggle with a busy workload and so don't have a much time for note-writing. You will save time if you can be concise and only report relevant information that is essential to service delivery.

Be clear

Other people will be reading your notes, perhaps months or years after you have written them. Keep in mind the information needs of these readers and use plain English that can be easily understood.

Be timely

Write your notes as soon as possible – with a busy workload it is easy to forget the details of service delivery with one person as you move on to another. If you leave note-writing to the next day or later, you may forget to include relevant information.

Ensure notes are complete

Notes should be concise but should include all the relevant information. By omitting relevant information you may be diminishing the quality of care provided to people, because decisions could not be made effectively.

No personal abbreviations

You will be informed by your supervisor what are approved abbreviations or acronyms to use in note-writing; don't use your own versions as other people won't be able to understand them.

Try to write as neatly as possible, keeping in mind other people will need to understand what you have written.

Spelling

Your note-writing is a reflection of your work practice and so should be professional – use a dictionary if necessary.

Date

Each entry in a person's file should be dated and it should be specified whether the information is taken from an interview or telephone conversation.

Correspondence

Each time you speak to the person or other party such as an external service provider, or send or receive correspondence, a brief note should be made on the file.

Don't incriminate

Never record incriminating information about the person. These records may be used in evidence in court, so seek guidance from your supervisor.

Don't judge

Never 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.

Subjective language	Objective or factual language
Mrs Smith seemed depressed.	Mrs Smith stated, 'I am feeling depressed.'
Alex acted aggressively.	Alex rose quickly, slammed the door and raised his voice saying, 'Get lost and leave me alone!'
Tamara looked nervous when I mentioned her parents.	When I asked Tamara about her relationship with her parents, she looked down, twisted her hands and did not answer.
Mark is a drug addict.	Mark is dependent on heroin.
Mr Thompson is unable to care for himself at home.	Mr Thompson requires full physical assistance with all aspects of personal care, grooming and meal preparation.

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.

Information typically required by organisations
▶ Basic details such as name, 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 the recovery plan such as details the actions taken to date, the strategies and goals
▶ Difficulties the person is having in meeting their recovery goals and actions taken to address these difficulties
▶ The person's concerns or difficulties they have in meeting their goals
▶ Interactions with other services, internal and external
▶ Copies of correspondence (in and out, including relevant emails) should be 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

Security and access

Do not leave documents loose in the file – they should be attached 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.

Legislation and organisational policies concerning confidentiality and privacy govern the reasons and methods used for collecting information. 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 information is stored

▶ who may access the information

▶ how information is gathered.

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.

File documents according to organisational procedures

Information should always 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 also 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 regarding where reports and documents are to be filed. Records must be stored in the correct place so they can be easily located and referred to when required, particularly if information has to be located quickly in an emergency.

Example

Basic file notes

The following is an example of basic file notes.

30/10/2017

Ming attended an appointment at the office. Her mother drove her. She stated she was feeling miserable, is having trouble getting out of bed in the morning and that her sister is annoying her. Her demeanour was very flat and her speech was slow.

6/11/2017

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 24

1. What are subjective comments and why are they not used in reports on people with mental health needs?

2. List two other rules about case notes and recording information on people with mental health needs.

3. What legislation and standards outline and provide guidance for the storage, security and access of personal health information?

Click to complete Practice task 24

Summary

1. Current approaches to health care require collaboration, where all parties work together to support the person with mental health needs to work towards and achieve their goals.

2. It is within your job role to develop a good understanding of the resources available and how to utilise them, and then to share these with the person you are working with.

3. One of the foundations of recovery-oriented practice is developing an understanding of what recovery means in an individual case and sharing this understanding between the worker and the person undertaking a recovery journey.

4. Trust and respect are key elements in maintaining a sharing relationship.

5. Information may only be collected from people if they are aware of why the information is gathered and how it will be used.

6. A sense of autonomy or control over one's life is essential to good mental health and gaining consent from mental health consumers helps them feel in charge of their own lives.

7. There are legal and ethical reasons to maintain confidentiality and the privacy of a person and it is vital for trust in the relationship.

8. Self-advocacy allows the person to participate more fully in the service by expressing their needs, goals, and choices assertively and clearly. A growth in the person's self-confidence helps them to take part in self-advocacy.

9. A mental health worker should assist a person to understand their rights and assist them to exercise them if required, including the right to complain.

10. Everyone in the community services environment has the responsibility of duty of care for themselves, the people they care for, visitors and each other.

11. There are several legal requirements for the reporting, secure storage and access of these reports. Follow organisational procedures to document agreements and other information to support accountability.

Learning checkpoint 4
Define and confirm the collaborative relationship

This learning checkpoint allows you to review your skills and knowledge in defining and confirm the collaborative relationship.

Part A

1. What actions would you take if a person you were supporting described child abuse they had witnessed?

2. Briefly describe key values and principles behind the human rights developed by the United Nations that are relevant to mental health support work.

3. What legal and ethical rights and responsibilities does a person with mental health needs have with respect to privacy and confidentiality and disclosure? What role does the organisation have?

4. Select two pieces of advice you could offer a mental health worker if they have to respond to aggressive or threatening behaviour.

5. Explain why it is important that mental health workers work towards implementing the key principles of the *National practice standards for the mental health workforce 2013* in their daily work.

6. What legal and ethical considerations need to be considered for recording changes to a recovery plan for a person with mental health needs?

7. What is meant by a worker's duty of care in a service environment?

8. What is meant by the term informed consent?

9. What are three questions that a support worker should ask themselves when obtaining informed consent?

10. Provide two examples of the type of workplace health and safety organisational guidelines that should be available for all workers working in mental health.

11. What legal and ethical rights and responsibilities do mental health workers with and the person with mental health needs have to ensure they are safe at work?

12. What model is the focus of the 2015 Australian Government review of mental health programs and services?

13. What aspect of mental health care does state-based, mental health legislation chiefly apply to?

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14. How does a collaborative relationship assist a person with support needs to become more capable of self-advocating?

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15. Explain the importance of effective communication when working collaboratively with the person to agree on the type and nature of services or support to be offered and to decide the way the relationship will operate.

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16. Sum up the job role of a mental health support worker.

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Part B

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

Case study

Marie, a support worker at a women's health service, is facilitating a group for mothers affected by mental illness. She is meeting Fatima, a mother of three young children, for the first time. Fatima cannot speak very clear English, but Marie understands that the social worker at the mental health service has suggested she come to the group. Fatima seems reluctant, and she explains that her extended family and local community have not been told that she has a mental illness. She thinks they have probably guessed, but no-one talks about it.

1. What communication responses might Marie have to Fatima's situation to show she was being attentive and respectful?

2. Identify an alternative type of service to meet Fatima's needs.

3. Suggest three ways in which Marie could address cultural and other barriers to work effectively with Fatima.

4. Marie's organisation may have prepared information for service users about how the organisation will use and store information about her. What legislation and regulation or standards require protection of a person's right to privacy and confidentiality?