CHCMHS001

Work with people with mental health issues

Aspire
Learning Resources

CHCMHS001
Work with people with mental health issues

Release 1

Learner Guide

Aspire Version 1.1

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CHCMHS001 Work with people with mental health issues, Release 1

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Supporting Vocational Education and Training for 30 years
1991 to 2023

Contents

Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country

Before you begin

This Learner Guide is based on the unit of competency *CHCMHS001 Work with people with mental health issues*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

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.

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	These 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.
Callouts	Callouts reiterate key learning points to help students revise for their assessments.
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.
Summaries	Key learning points are provided at the end of each topic.
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.

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.

These skills are listed below:

Foundation skill area	Foundation skill description
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
Learning	• Understanding your job role, organisational procedures and legal responsibilities • Managing your work and seeing how well you are going • Making goals for yourself at work • Seeking professional development opportunities for continuous improvement
Problem-solving	• Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	• Recognising opportunities to develop and apply new ideas • Generating ideas by thinking of new ways to do something • Making suggestions to improve work
Teamwork	• Working well with other people by cooperating, collaborating, encouraging and building rapport

Foundation skill area	Foundation skill description
Planning and organising	• Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	• Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	• Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

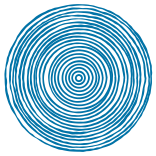
Note: Not every unit of competency will contain all foundation skills.

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 outcome	Rate your confidence in each section
Topic 1 Establish respectful relationships	1A Use communication to demonstrate respect and encourage self-direction	❑ Confident ❑ Basic understanding ❑ Not confident
	1B Prioritise the person's right to direct their own recovery	❑ Confident ❑ Basic understanding ❑ Not confident
	1C Respect people's differences	❑ Confident ❑ Basic understanding ❑ Not confident
	1D Support people to exercise their rights	❑ Confident ❑ Basic understanding ❑ Not confident
	1E Maintain privacy and confidentiality	❑ Confident ❑ Basic understanding ❑ Not confident

Topic	Key outcome	Rate your confidence in each section
Topic 2 Determine the needs of people with mental health issues	2A Gather and interpret information about the person's needs	❑ Confident ❑ Basic understanding ❑ Not confident
	2B Discuss strategies that support empowerment and recovery	❑ Confident ❑ Basic understanding ❑ Not confident
	2C Support the person to express their identity and preferences	❑ Confident ❑ Basic understanding ❑ Not confident
	2D Consider your duty of care and the person's dignity of risk	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 3 Work to meet needs and aspirations	3A Provide support and collaborate to achieve a person's goals	❑ Confident ❑ Basic understanding ❑ Not confident
	3B Work in ways that uphold the person's rights	❑ Confident ❑ Basic understanding ❑ Not confident
	3C Adapt service delivery to meet their needs	❑ Confident ❑ Basic understanding ❑ Not confident
	3D Document interactions and services according to policies and procedures	❑ Confident ❑ Basic understanding ❑ Not confident
	3E Respond promptly to people experiencing distress or crisis	❑ Confident ❑ Basic understanding ❑ Not confident
	3F Work within your limits and refer people when necessary	❑ Confident ❑ Basic understanding ❑ Not confident



Topic 1: Establish respectful relationships

1A Use communication to demonstrate respect and encourage self-direction

1B Prioritise the person's right to direct their own recovery

1C Respect people's differences

1D Support people to exercise their rights

1E Maintain privacy and confidentiality

1A Use communication to demonstrate respect and encourage self-direction

Many people who engage with community services have mental health disorders and issues.

'Mental health' is an umbrella term that recognises the quality of our emotional, psychological and social wellbeing. People who have ongoing and consistent symptoms of mental health issues may go on to be diagnosed with a mental health disorder. Many people who have a mental health disorder have issues that affect other areas of their life. When people experience significant impacts to their life from a mental health disorder, it may be termed a 'psychosocial disability'.

Establishing respectful relationships provides the foundation of support to people affected by mental health disorders. When people feel respected, have hope, can trust and be trusted and find self-direction, they are likely to feel empowered. When people feel respected and understood, they are more willing to engage openly and honestly on their journey towards recovery.

Person-centred approach
Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

As a support worker, you are required to adopt a **person-centred approach** that prioritises the person's rights and assists them to make decisions to direct their recovery. Developing respect requires you to acknowledge and recognise the value of a person's social, cultural and spiritual background and beliefs. When you contribute to a culture that values access and equity principles, the person is more likely to feel supported and encouraged to contribute to their recovery. Discrimination and prejudice have the opposite effect. It's your responsibility to know what triggers you and put aside your opinions and judgments.

Build trust and encourage self-direction

Take the time to get to know a person's strengths and interests. Be genuine in your interest and make time to listen; being attentive and kind go a long way. These strengths and interests provide positive, non-threatening topics for conversation, allowing you to establish positive communication patterns and feelings of emotional safety and trust. You can also draw 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 issues 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.

A **strengths-based approach** acknowledges that all people have skills and capacity, and encourages individuals and families to build on these strengths, enhancing self-determination, independence and autonomy. Self-determination is when people feel they have the choice and power to direct their lives. It is linked to motivation and empowerment. Working with a strengths-based approach considers the person as a whole human being, rather than as 'a mentally ill person'. When you listen, speak and act with this in mind, it helps to build mutual trust and provides a foundation for a respectful relationship.

Strengths-based approach
Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.

Respectful language and use of communication

Communication is not only the words you use, but also your tone of voice, the pace of your speech and other aspects of nonverbal communication, including body language and facial expressions. Your way of communicating reflects your professional values and attitudes. It is essential to be respectful and non-judgmental at all times. For a person to feel understood they need to feel valued and respected. Your responses – including nonverbal responses, such as nodding in agreement – are a way of conveying your attitude of non-judgmental acceptance and willingness to understand what the person is thinking and feeling. It's also important to ask questions when you're not sure what someone means and ensure you understand what they are trying to communicate.

Unfortunately, many people with mental health needs have had negative experiences of the mental health sector and its systems and structures. Often they have had an experience of not being listened to and their views and opinions not being acknowledged.

Tips for using respectful language

Pay close attention to the language you use with and around clients. Here are some tips about using appropriate language:

- Avoid jargon and medical terminology that could cause confusion. Use simple and straightforward language, without being patronising.
- Listen to the language your client uses to name things and match it. For example: 'I call them puzzles, not jigsaw puzzles' and 'I have a learning problem not a disability'.
- Do not use **pathologising** language, such as: 'She is so OCD', or 'he can't sit down for more than a few minutes, he must have ADHD' or 'I was having such an autistic day'. It is your job to support your clients by using positive language and not pathologising normal behaviour, or minimising people's real struggles. Pathologising is a subtle form of indirect discrimination, and not appropriate in person-centred practice.
- If someone is struggling to remember what you have said to them, write it down for them to take away.

Pathologising
Attributing what may be normal behaviour to a mental health disorder.

- Do not give unsolicited advice. This is when you give advice without the person having asked you for it. It is disempowering and hinders people's ability to make decisions. It is best to use active listening to really hear what the client is saying. You could offer them suggestions via questions, for example: 'You mentioned that you needed a medication review, would it be a good idea to contact your doctor about that?'

Active and reflective listening skills

Use active and reflective listening to show that you respect and value what your client has to say. **Active listening** means paying close attention to someone when they are talking to you and observing their nonverbal communication as well as listening to what they are saying. Active listening means not being distracted or thinking about something else when someone is talking. It's the only way of really understanding a person's meaning and feelings and is an important component of a person-centred approach.

Active listening
Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Active listening also involves responding to the speaker, paraphrasing what the person has said to confirm you have understood, and encouraging them to continue.

Some phrases that can be used to clarify information and understanding include:

'Do you mean...'
'Let me see if I understand...'
'Correct me if I am wrong...'
'As I hear it...'
'So, from your point of view...'
'I wonder if...'
'Do you mean...'
'Let me see if I understand...'

Use interpersonal skills to build trust and respect

Positive rapport can help to establish trust and make a client feel comfortable with you. Good interpersonal skills are central to establishing rapport.

Here are examples of interpersonal skills that will help you build trust with your clients.

Empathy	Empathy means the act of 'perceiving, understanding, experiencing and responding to the emotional state and ideas of another person'. Displaying empathy can involve active listening, but it is also about having a general attitude of meeting the person where they are at with their situation.
Collaboration	When you work collaboratively, you genuinely work *with* the client. This means having an attitude of 'we' instead of 'me' or 'I'. Remember, you are supporting the client, not doing interventions or treatment at them.
Being considerate	Being considerate involves having a friendly voice and friendly tone and pitch. It is also about being genuine. People can tell when others are not being genuine with them.
Showing respect and dignity	When you demonstrate respect and dignity, you value a person for who they are, even if you do not agree with their opinions, lifestyle or way of handling things. Giving respect and dignity is an active choice you make each day at work.
Conflict management skills	Conflict management skills relate to how you deal with disagreements, misunderstandings and when people feel angry and hurt. In these situations, you need to be able to keep calm, use active listening skills to determine the cause or the issue of conflict and to negotiate calmly with the person to find an acceptable way of addressing the issue and moving forward.
Trust	If a client trusts you, they are more likely to disclose more vital information about their situation. This in turn creates a climate of respect, dignity and honour for the client.

Ask appropriate questions

By asking the right kinds of questions at the right time, you can best work out what a person's needs and preferences are. Open-ended questions such as, 'What are your thoughts about that?' give the person the opportunity to find their own words for things and bring things up of their own accord. If a support worker guides the person by asking a directive question such as, 'Do you feel safe living at home?' it can put their own judgment on the person and influence their answer.

Closed questions are very useful for clarifying information once you have the overall picture. They are also helpful when a person is overwhelmed, has not slept or is not well. For example: 'Would you like to go for a walk now, or in an hour?'

Example

Use respectful communication

Esme is a support worker for a disability organisation. She supports Omar in his home to access community groups. Omar has social anxiety disorder, depression and Level 1 Autism.

Esme spends a few weeks getting to know Omar, his routine, his strengths and interests. When Omar is struggling to engage in his daily routine, Esme creates a space where Omar can talk about what is bothering him and how they can work together to help him to re-engage. She uses active listening, empathy, and questioning to assist and support Omar. She also uses the same language he uses to describe things.

All of these communication skills have helped Omar to trust Esme and open up to her. It gives him the feeling that she really is there to support him.

Practice Task 1

Question 1

Explain what is meant by 'active listening'.

Question 2

Describe how you can use interpersonal skills to build trust with your client.

Question 3

Briefly describe the meaning of 'pathologising language' as it relates to mental illness.

1B Prioritise the person's right to direct their own recovery

When supporting someone with mental health needs, your actions and ways of working should prioritise their right to direct their own recovery.

It is important that you understand the values and principles of the mental health sector. One of these principles is to support people to be as independent as possible and to live a meaningful life with their psychosocial disability or mental health disorder. Respecting the right of a person with mental health needs to self-define and make their own decisions is part of your role in empowering them. Like everyone in the community, a person with mental health needs has a right to direct their own life and live with dignity and respect.

Principles and values of supporting clients with mental health needs

Principles are the overarching beliefs that help you to determine shared goals. It is essential to identify the key principles and values of how to support people with psychosocial disabilities and mental health disorders. This way, people can share the same understandings and work towards common outcomes.

Some of the principles and values that guide support work in community and mental health services are listed in the following table.

Focus on the person	Address a person's issues but do not focus only on the deficits of their mental health. Also focus on their abilities and strengths and work with them to improve their quality of life.
Access and equity	'Access' refers to providing services to people based on their needs and goals. 'Equity' is about promoting fairness and providing people with the services they need. It involves removing unfair and avoidable barriers to services so vulnerable groups are not disadvantaged.
Citizenship	Citizenship is the principle that supports the social inclusion and participation in society of the person. This may require advocating on their behalf to help them achieve their hopes and aspirations for recovery, rather than just treating their illness. By supporting them to engage or re-engage with the community, you can help them achieve wellness and meet their recovery goals.

Personal empowerment	Give the person all relevant information about options and encourage them to make decisions about their own wellbeing. Encourage the person to exercise their rights and support them to improve their self-esteem and confidence. Support people to manage and overcome the stigma of mental illness.
Ethics and values	Ethics are moral values or principles. The values of an organisation are the beliefs and attitudes that determine how a worker should behave. Every support worker must work ethically with their clients.
Confidentiality and privacy	Confidentiality means not disclosing personal information to a person if they have no legal need or right to know. All individuals are entitled (by law) to privacy. Personal and sensitive information is confidential and needs to be shared and stored according to the organisation's policies and procedures.

Work to encourage recovery and uphold people's rights

Recovery is a term used widely in the mental health and community services sector. It can have different meanings in different contexts. Recovery refers to a person's ability to develop meaning and purpose in their life beyond the effects of a mental health disorder, and gain a positive sense of self. It is about encouraging the person to gain and maintain independence and manage the symptoms of their mental health disorder. It means living a meaningful and satisfying life. However, recovery is personal, and will have different meanings for different people. It may or may not include living with symptoms of 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 have the right to be treated without discrimination and prejudice.

Factors conducive to recovery
• knowledge and acceptance that one has an illness, which often includes assuming a degree of personal responsibility for emotional wellbeing
• regaining a sense of control and self-esteem
• spirituality, which can contribute to hope, a sense of purpose and meaningfulness in life

Factors conducive to recovery
• collaborative treatment planning, which creates a sense of partnership in managing the illness
• self-monitoring and participation in management of illness
• strengths-based interventions
• developing strong informal support networks, including family and friends.

Principle of empowerment

Empowerment is a major principle underpinning the work done in the mental health and community services sectors. One definition of empowerment is 'a state that people arrive at, that sees them take control of their own lives'. When people are empowered, they:

- are aware of what services and strategies work well for them
- know themselves and what they need to live a fulfilled and satisfying life
- have independence, autonomy and self-determination
- are able to make informed choices about every aspect of their lives.

People in receipt of support services are often vulnerable because of their care needs and the marginalisation, stereotyping and discrimination they face. Their vulnerability and social disadvantage can create barriers that hinder them from accessing the services they need. Empowerment is a key principle because it supports people to find inner strength and the will and motivation to be agents in their lives, despite the vulnerabilities they experience.

As a professional working in the community services sector, you should work towards 'doing yourself out of a job' – which means that your clients no longer need you because they have the skills, resources and empowerment to manage their lives. If your focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control, this is an empowerment approach. It can take many years for a person you support to become 'fully empowered'. Empowerment is more about being on a journey towards autonomy and independence, than arriving at a specific destination in a specific timeframe.

It is also important to understand that the term 'empowerment' can mean different things to clients, workers and stakeholders. Some people critique the concept, saying that empowerment creates more barriers. In their view, the fact that a professional is needed to 'empower' a service user sets up the professional as more powerful and knowledgeable than the client, which creates an unequal power dynamic. This can create another social barrier for vulnerable clients.

Regardless of your views on the matter, this is a systemic question and need not affect your work with clients. What's important is that you are always led by their needs, listen to them and meet them where they are. This is where person-centred practice comes into play. If you are working with a person-centred approach, you are empowering the client. By allowing the client to determine what independence and autonomy mean to them, you are using a person-centred and strengths-based approach.

Disempowerment

While support workers generally have the best interests of their clients at heart, they may occasionally act in a way that disempowers them, without necessarily meaning to. It is never right to exercise personal power by taking power from others. However, sometimes a support worker disempowers a client by acting through ignorance. They might believe they are doing right by the person by doing everything for them; however, this approach is disempowering because it can lead to further dependency, can undermine the person's self-direction and feeling of control, and it can result in their rights not being upheld. It is also disempowering and breaks trust when a worker does not follow legal or ethical practice.

Key issues of discrimination and prejudice

In order to work in a way that prioritises a person's right to direct their own recovery, you must understand the common key issues faced by people with mental health issues. These issues may stem from misconceptions held by the wider community that are based on a lack of knowledge and understanding, and can result in **discrimination** and prejudice. Dealing with other people's negative attitudes can cause a person with mental illness to set up internal barriers that inhibit their recovery and can lead to low self-esteem and a lack of belief in themselves.

Discrimination
The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.

As wrong and unjust as it is, some people in the community are prejudiced against people with mental health needs and discriminate against them. To be prejudiced means to think or feel less favourably about someone based on a particular characteristic; to discriminate is to treat someone unfairly or to act in ways that favour others. Sometimes these behaviours arise when there is a mix of cultures and people don't understand cultural differences. Discrimination is unacceptable and is against the law.

Social barriers and their impact on a person

People with mental illness face a range of social barriers that make it more difficult for them to recover and limit their access to opportunities that others take for granted. Most of these barriers stem from negative beliefs and lack of knowledge about mental illness in the wider community, and from a lack of appropriate resources and services. Often the person internalises these negative beliefs, making it even more difficult for them to overcome barriers.

Stigma
Seeing someone in a negative way, due to a particular circumstance or quality.

Stereotype
A fixed, over-generalised belief about a particular group or class of people.

Misconceptions and lack of understanding about mental illness result in **stigma**, or negative attitudes, about people with mental illness. Stigma and social barriers cause social exclusion, which can be extremely demoralising and affect a person's capacity to meet their own needs and work towards fulfilling their aspirations. It can also limit access to employment and accommodation as well as reduce people's motivation and confidence to participate in social activities. Stigma also perpetuates **stereotypes** and misinformation. A lot of people are sympathetic to someone with physical disability, while feeling uncomfortable being around someone with mental illness.

Systemic barriers in the health sector

As managing mental illness is becoming more accepted, the community is generally committed to supporting people who have mental health needs. However, people with mental illness still face long-term issues including a lack of services and lack of appropriate training and responses from many in the health sector.

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

Lack of access to accommodation and work
Many people with mental illness live a life of extreme hardship because of a lack of opportunities and services to help them obtain work and suitable accommodation. Many live on disability pensions, meaning they continually struggle to make ends meet and can only afford the most basic accommodation. Lack of access to jobs and other opportunities for earning creates poverty and causes stress that may worsen mental illness.
Lack of appropriate government policies
When a marginalised group of people experience a high level of stigma, governments and policy-makers can more easily ignore the needs of this group. For example, the high incidence of homelessness among people with mental illness is not an issue that many people talk about, so it is not a high priority of governments developing policies and adequately resourcing initiatives to address the issue.
Other systemic issues affecting people with mental illness
• a lack of coordinated government services to cater for people with mental illness • a lack of resources and staff to develop appropriate services for people with mental illness • a lack of affordable and safe housing • a lack of services to treat people with mental illness and substance misuse problems • a belief among health professionals that people with mental illness cannot recover.

Example

Work to direct recovery

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

Samantha is eligible for NDIS funding which allows her to have a fully funded support worker in her home three days per week to assist her to engage with the community again. Her support worker, Helen, provides emotional and psychological support and helps Samantha to form realistic goals towards things that are important to her. 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. They work together to come up with strategies that help Samantha to work towards her new goals in her own time. Over time, Samantha develops more self-determination and independence and starts to live her life in a way that manages her mental health disorder, and does not ignore it.

Practice Task 2

Question 1

Identify three things a worker can do to prioritise a client's right to self-define and direct their recovery.

Question 2

Match each concept with its definition.

Citizenship	a person's ability to find meaning and have a purpose in their life beyond the effects of their mental health disorder
Disempowerment	the state in which a person can take control of their lives
Recovery	undermining a person's capacity to direct their own life by doing everything for them and/or holding negative views about them
Equity	affording all people the same opportunity to access goods, services and community connections, regardless of disability or ill health
Empowerment	promoting fairness and removing unfair and avoidable barriers to services
Access	the principle that supports people's inclusion and participation in society

Question 3

Describe how strengths-based practice can help workers develop and maintain a client's self-direction.

Question 4

Which of the following statements are correct? Select yes or no for each one.

a. Historically in the West, people with mental health disorders have been equally valued in society as those without mental health disorders.	Yes / No
b. Because people with mental illness experience less stigma than in the past, they rarely experience difficulties accessing accommodation and employment.	Yes / No
c. Structural barriers that make it difficult for people with mental illness to work and access services can be the result of prejudice and discrimination.	Yes / No
d. When people feel disempowered, they are often less able to make decisions for themselves.	Yes / No

1C Respect people's differences

Respecting diversity means we value all people and encourage access and equity for everyone.

Federal and state/territory laws ensure that people and organisations supporting clients with mental health disorders do not discriminate or act with prejudice.

'Culture' refers to the social behaviour, lifestyle and characteristics associated with groups of people. People in minority groups have different profiles from those of people in the dominant group (those with the most power and control) in a society. The profile of the dominant group in Australia includes being English-speaking, of Anglo or Celtic ancestry, of middle or upper class, male, able-bodied and heterosexual.

Cultural competence Having awareness, respect and understanding of the cultural diversity around you.

Being **culturally competent** as a support worker means that you recognise and are sensitive to the challenges faced by people who are not in the dominant group.

Being aware of and having some understanding of cultural and religious differences allows support workers to develop respectful relationships. Being culturally competent means that your attitudes, actions and words demonstrate that you value people equally and recognise people's right to celebrate their identity, culture and way of life. Support workers need to reflect on how a person's culture may affect their needs, preferences and goals.

Treat everyone fairly and equally

Everyone has the right to be treated fairly and equally and to have the same level of access to goods, services, community connection and participation in society. This means that you must not treat someone differently because of their race, ethnicity, religion or spiritual beliefs, gender, age, health status, financial status, marital status, disability or sexual orientation.

Aside from your moral obligation to treat everyone fairly and equally, there are also laws that ensure people do so. These include legislation around discrimination, access and equity.

All support workers must work within legal and organisational guidelines at all times. Every community or mental health service provider will have policies and procedures that reflect state/territory and national legislation and are underpinned by ethical values and professional standards.

Service delivery to people with mental health needs must demonstrate a commitment to the principles of access and equity.

Being committed to access and equity
Create a person-focused culture; for example, by appointing a person to support other people with mental health disorders.
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 in the main languages spoken in your community to ensure that everyone can understand them.
Ensure that all cultural, physical, religious, economic and social differences are respected; for example, honouring cultural and religious events such as Chinese New Year, Diwali, and Ramadan. Some services may employ a cultural worker who specifically engages and connects with clients from a range of cultural backgrounds.

Recognise differences

In Australia, people who haven't grown up speaking English are considered to be from a culturally and linguistically diverse (CALD) background. There is significant diversity and a variety of experience, beliefs and practices within all cultural groups. People from the same cultural group should not be seen as all being alike.

There are many factors that affect communication patterns and norms. Understanding these factors can support successful and respectful relationships to develop. Effective communication skills not only help you get your message across, they allow you to hear and understand others. Effective communication is vital; it is important to think about what you say and how you say it.

While it is not possible to know all the cultural and religious factors that influence communication styles for different cultural groups, showing that you value access and equity will help you to establish respectful relationships with all the people with mental health needs you support.

Respect cultural differences

Data from the 2021 census shows that over 7.5 million Australians were born overseas. Together, as a community, we come from so many different cultures and countries. Cultural diversity is a great strength and richness of our country. It means that there are often many different languages, cultural traditions, customs and ways of life that are represented in our communities.

Valuing diversity means we avoid perpetuating stereotypes and prejudices and we don't discriminate against people. Stereotyping is judging a person based on particular characteristics presumed to be shared by everyone in a cultural group. For example, we are stereotyping when we think, feel or say things like, 'All people with mental illness are XX...' or 'Older people are all YY...' These statements are also generalisations that perpetuate stereotypes and don't acknowledge the uniqueness in each person or culture. Stereotypes, generalisations and prejudice lead to stigma and marginalisation of people. Left unchecked, this leads to discrimination, which is treating someone unfairly because of their difference.

You can find out information about a person's culture by asking them, asking their family and friends, reading their individualised plan, talking to colleagues or researching information on the internet. Even when you do know something 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 a lot of diversity within cultural groups.

Respecting First Nations Australians

Aboriginal and Torres Strait Islander peoples come from at least 250 distinct language groups and make up a very diverse cultural group. Significant issues and intergenerational trauma arise from colonisation, land theft and the frontier wars; the stolen generations; damaging government interventions; displacement from land; loss of language and culture and other hardships. To work sensitively and effectively with Aboriginal and Torres Strait Islander people, it's important that you understand the reality of this history and issues faced by First Nations people to this day. You also need to use culturally safe and sensitive language. This understanding needs to be developed as the foundation on which all communication is built.

Respecting refugees and recent arrivals

Australia accepts thousands of humanitarian entrants into the country every year. Most are refugees fleeing war and political instability. Many of these people experience some degree of culture shock as almost everything is new and unfamiliar. Usual practices and accepted norms of behaviour are different from those of the country they were born in, and constant cultural negotiation is required when interacting with people in the new culture.

Different cultural understandings about mental health and mental health disorders

Different cultures have different values, experiences and views about mental illness and healthcare practices. It is important to listen to how people describe and define mental health and talk about mental health disorders. It is common for people from East Asian backgrounds to have very different concepts of mental health and mental health disorders from people with Western perspectives.

People from non-English-speaking backgrounds may:

- not know about mental health services or how to use them
- not understand what kinds of services mental health service providers in Australia offer
- associate shame or stigma with mental illness, and consequently shy away from asking for help or accessing mental health services.

Understand the history of mental health work across the centuries

The nature of support work has changed over the years, as have the interventions and treatments designed to treat the symptoms of mental ill-health. Throughout history, people with mental illness have been exposed to terrible discrimination and abuse, which included chaining people up in small cells or throwing them into the freezing sea to shock the illness out of them.

Today, evidence-based treatments are used to support people with mental health symptoms and mental health disorders. Modern-day treatments and interventions include medications and therapies to manage mental health disorders and improve people's lives. Evidence-based treatments continue to improve. People with mental health needs now have the opportunity to lead fulfilling lives as a part of their community as there is an increasing acceptance and understanding of their needs.

The following table provides information about how mental health treatments have changed over time from a European perspective. It reflects changing attitudes and approaches to working with people with mental health needs.

Historical changes in approaches to mental health	
1600s	People believed divine, 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 drowned or burnt at the stake or by being tortured and abused.
1800s	Doctors started to believe that mental illness was caused by a range of maladaptive mental processes which originated in the brain and not the body.
Early 1900s	Doctors realised that the brain could be the cause of a wide range of symptoms of mental ill-health. Various therapies, including psychoanalysis, were developed. Asylums were built to house and treat people with mental illness. These institutions still tortured and abused people because of the lack of knowledge and understanding about mental health, and its signs and symptoms. Electroconvulsive therapy (ECT), which involved sending strong electrical currents to the person's brain, was being used in institutions, however it was not used correctly.
Mid-1900s	Different therapies were being researched and developed. These included new drug treatments and a more therapeutic and ethical usage of electroconvulsive therapy (ECT).

Historical changes in approaches to mental health	
Late 1970s	Various citizens-rights movements were established to assist and support people with disabilities and mental health disorders. One of their initiatives was to shift these people out of institutions, to more person-centred and rights-based principles of care. This saw institutions begin to be shut down and people moved into community housing. More opportunities for education, training and employment began to open up for people.
1960s–1990s	Many mental health signs and symptoms were being researched and began to be classified as mental health disorders. Psychiatrists began prescribing new medications with fewer side effects to target mood and psychotic disorders.
2000s	Strong ongoing research occurred into the causes of mental illness. A person-centred approach and empowerment models were introduced to increase the person's involvement in decisions. Development of medications and different types of therapies is ongoing.
2010–current	More holistic models of care and support have emerged, and more people are able to access wraparound services that meet multiple needs. The emergence of mind–gut data and information suggests the role of diet and gut health in mental health. Services have also adopted trauma-informed and other therapeutic models of care. The emergence of the NDIS government funding in Australia for people with psychosocial disabilities means they have more opportunities for in-home and community support.

Changes in mental health support and services

Various socio-cultural changes, and political and economic factors have changed the way support and services are provided to people with mental illness. These factors are usually closely linked and can affect each other. For example, changes in public thinking influence which party is in government. Government policy changes, which affects funding for mental health services, which in turn can influence how the public thinks about an issue.

Support workers are expected to be skilled in current work practices and must be aware of changes in legislation and community norms. Workers need to be familiar with new practices, treatments and current ways of working with people with mental health needs. Support work is affected by developments in a number of areas, as outlined in the following table.

Developments in the mental health and community services sector
Science and medicine – new medications that are more effective, with fewer side effects, and research into various therapies as treatment interventions.
Social integration – services better match the person's needs, and encourage increased social involvement in the community.

Developments in the mental health and community services sector
Policy changes – government policies better support person-centred and consumer-directed models of care and service provision.
Economic factors – increased funding directed to different types of interventions support those with psychosocial disabilities.
Trauma-informed and therapeutic models of care – these have emerged to support clients who have experienced trauma. 'Therapeutic' means to treat a disease or symptom of a disease. Support workers are being trained in more clinical-style interventions in order to meet the diverse needs of people with mental health disorders.

Understand social changes in the mental health sector

In the 2020s, person-centred, consumer-directed approaches to mental health support and care are the norm. This means that services need to meet people's needs rather than demanding that people fit in with what best suits the service provider.

The public is more aware of the facts about mental illness and different kinds of mental health issues, due to various education and awareness campaigns, such as: R U OK? day and Beyond Blue. People are also more aware of mental health generally, since the COVID-19 pandemic and associated lockdowns caused such a mental health crisis. Nevertheless, there is still a long way to go in promoting acceptance and inclusion of people with mental health disorders in society.

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. There is a better understanding that First Nations Australians, young people, older people and those from culturally and linguistically diverse backgrounds may require different forms of assistance and support to manage their mental health.

Understand 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 (state- and territory-based mental health Acts) and regulations and standards (*National Safety and Quality Health Service – NSQHS – Standards*) that mental health services must follow to achieve better outcomes and to promote equity and social inclusion 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 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 have been developed in Australia relating to mental health services.

See the NSQHS user guide for health services providing care for people with mental health issues here: aspirelr.link/saq-nsqhs-standards

Government and NGO services

State and territory governments provide a range of mental health services, such as inpatient, hospital-based and community mental health services. Community-based, non-government organisations (NGOs) working with people with mental health needs offer a diverse range of services aimed at supporting individuals to improve their quality of life and health outcomes. These groups may advocate on behalf of members on particular issues or identified community needs, such as improved access to services.

The National Disability Insurance Scheme (NDIS) is a single national scheme that funds support for eligible people with psychosocial disabilities. An NDIS funding package allows people to decide which services to access to support their goals and needs, depending on NDIS eligibility criteria and the severity of their psychosocial disability.

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 supported employment placements to people with mental health disorders and psychosocial disability.

The Royal Commission into Victoria's Mental Health System (2021) revealed systemic social and political issues around how people with mental health disorders are treated, and the lack of societal and political infrastructure to support people living with psychosocial disability. The Royal Commission revealed a system of disadvantage, dysfunction and a lack of wraparound services to those people who are regularly hospitalised due to severe mental health disorders and crises. It also revealed severe underfunding, which contributes to poorer mental health of those with mental health disorders and psychosocial disabilities. It can be said that this Royal Commission into the situation in Victoria is an indicator that many states and territories in Australia have similar issues.

Understand economic changes in the mental health sector

In recent years, governments have increased funding for mental health services. There is also a stronger focus on achieving the best possible outcomes for people affected by mental illness. Governments need to help the community to support and provide services to people with mental health needs.

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

Governments fund projects to:

- research mental health disorders to develop better treatments and interventions
- provide more holistic mental health services and wraparound supports
- educate the general public about mental health
- develop public awareness campaigns to help the community understand mental illness and how to respond to people with mental health needs.

Example

Respect and work with cultural diversity

Glenda supports Kat, a First Nations Australian woman, in her home once per week. Prior to meeting Kat, Glenda spent time reading Kat's file and individual support plan to get a sense of her needs, preferences and goals. Glenda then took the time to get to know Kat before launching into a range of possible support strategies for her. Glenda wanted to know about the significance of Kat's culture for her. Kat explains that her community is very important to her and her aunties and uncles help her to make the right decision on important matters. She also mentions that she participates in a few ceremonies each year, and meets regularly with local women for women's business. Glenda and Kat discuss how they can incorporate the important parts of Kat's culture into the way Glenda supports Kat. Kat says she appreciates that Glenda respects her culture and values it in the same way she does. This helps to build trust, safety and security in their working relationship.

Practice Task 3

Question 1

List two ways that a worker can recognise and respect a client's social, cultural and spiritual differences.

Question 2

Which of the following attitudes and approaches towards mental health were common in the period from 2010 to 2020? Tick all that apply.

- ❑ Services adopt trauma-informed approaches
- ❑ Psychiatrists begin to prescribe medications to target problematic signs and symptoms
- ❑ Psychoanalysis is developed
- ❑ People have access to wraparound services
- ❑ Information emerges regarding the role of gut health in mental health disorders

Question 3

Briefly explain how the political context can affect the mental health sector.

Question 4

Which of the following statements are correct? Select yes or no for each one.

a. State and territory governments play a role in the care for people with mental health needs.	Yes / No
b. State-based funding for people with psychosocial disabilities has replaced national funding for people with psychosocial disabilities.	Yes / No
c. Economic factors can impact on service delivery in the mental health sector.	Yes / No
d. The Australian Government currently provides less funding for mental health services than they used to.	Yes / No

Question 5

Briefly explain some of the social changes in the mental health sector.

1D Support people to exercise their rights

Everyone receiving services has the right to contribute to decisions about the level or type of support they receive.

People receiving mental health services have the right to participate in their care. Organisational policies and procedures must promote empowerment and involvement, and guidelines should show how to consult with clients to involve them in service provision. The person with mental illness is the only one who knows what it's like to live inside their head. They are the expert in their life and in an excellent position to identify their needs. Their views and opinions should be listened to and respected when considering service options. Their ability to take responsibility for and control of their life is central to their quality of life and recovery. A support worker should assist people to know their rights and support them to exercise those rights, if required.

Clients you are supporting have the right to be informed about:

- how the organisation they are engaged with can help them
- the role of staff in the organisation
- policies and procedures of the organisation – for example, around privacy and confidentiality, and how to make a complaint
- how service options can be altered if they change their mind, or remove their consent
- being referred to a professional or service that can best meet their needs
- how the service is funded, and the costs associated with receiving the service.

A traditional method of informing clients about their rights is through an orientation or induction session. This involves a formal or informal meeting with a supervisor or support worker who shows them around the service, provides general information about the service and talks through organisational policies and procedures that are relevant to them. Clients must walk away fully informed about how the service can meet their needs, how they can participate in it and how they will be protected.

When people with mental health issues are free and empowered to exercise their rights, they can feel more independent and autonomous. They can also play a role in changing attitudes and reducing the negative stigma attached to mental illness. By exercising their rights at a government level, they can have input into policies that direct current and future mental health services.

Here are some specific examples of how people can exercise their rights by getting involved.

People can get involved by:
• providing feedback to the service and making a complaint, if necessary • helping to develop and review 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 • being part of an interview panel at an organisation when they are recruiting new staff.
Services can support a person's involvement by:
• making sure people are fully informed before they commit to roles and responsibilities • making sure the individual with mental health needs feels welcome and safe • being flexible and observant (there may be times when the individual is having a bad day, needs a rest or requires extra support) • avoiding the use of technical terms and communicating in plain English.

Human rights

Human rights are based on the fundamental principle that humans are equal in dignity and deserve equal respect, fair treatment and the freedom to make choices about their lives. They recognise the value of every person, regardless of their background, where they live, what they look like, think or believe. They are shared across cultures, religions and philosophies. Respect for human rights underpins the values and principles of the mental health and community services sectors and should be upheld by all workers supporting people with mental health needs. Human rights reflect what humans need in order to live well in terms of physical, psychological, cultural and spiritual needs. Human rights are reflected in legislation, and service delivery standards and frameworks.

Human rights for people with mental health disorders and psychosocial disabilities are protected in service frameworks, quality standards and legislation. The Australian Government supports the *Universal Declaration of Human Rights* developed by the United Nations.

Australia supports the following human rights treaties as outlined below.

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

Human rights treaties supported by Australia
• 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

You must do the following to uphold human rights:

- Obtain a client's consent before you perform a treatment or move them in any way, before you undertake to do so.
- Respect their privacy and dignity.
- Not discriminate against them based on their age, gender, sexuality, disability, religion or spiritual belief, race, ethnicity or culture.
- Allow people to express their opinions, views and beliefs in any way they choose, as long as they are not hurting others.
- Consider their needs, goals and aspirations in a person-centred approach.
- Respect their decisions around how you support and care for them.
- Allow people to complain if they wish.
- Do not manipulate, abuse, neglect or exploit people in any way.

Example

Support others

John is a peer support worker who has recently started work in the mental health unit of a large city hospital. He is 62 and has experienced many years of mental illness in which he has been in and out of hospital. It is only in the five years since he joined a recovery group that he has achieved some stability and balance in his life. He remembers how frightened and confused he would be when he was in hospital. Although his friends and family tried to be helpful he often felt ashamed, judged by others, and under pressure to get well. They mostly did not really understand what it was like for him.

Now John likes to help others who are going through what he went through. He spends time listening and talking to patients and reassuring them and their family members and/or carers. The people he supports, and their families and carers, respond positively to his kindness. They find it encouraging to learn that people can recover no matter how bad their experiences have been.

The right to complain

People receiving mental health supports have the right to complain about any aspect of service delivery and/or appeal against a decision. In most cases, complaints are handled by the organisation offering support for the person with a mental illness. Organisational policies and procedures outline the complaint process and, in some cases, support workers can support the person through the process.

If a complaint needs to be escalated because the person is not satisfied with the process or outcome, staff at the organisation – whether they are supervisors or support workers – need to tell the person what escalation processes are available.

There are two avenues for complaint if a person feels they have been treated unfairly or experienced discrimination based on their mental illness. The Human Rights Commission investigates complaints about discrimination and breaches of human rights. It investigates areas of discrimination according to sex, disability, medical conditions (including mental health), race and age.

State- and territory-based mental health commissions provide information on health care complaints.

To access more information on the health commission or ombudsman in your state or territory, visit: aspirelr.link/health-complaints-organisations

To read more about the Human Rights Commission and their advice for people seeking to make complaints, visit: aspirelr.link/complaints-process

Example

Explaining rights

Vann has an intellectual disability and suffers from anxiety. He is about to begin work at a supported workplace where they recycle paper and cardboard. To prepare for his first day, team leader Chester has arranged an orientation day for Vann and his carer Lynn. Chester also books the interview room for an hour to hear all about Vann and his specific needs in order to support him in the workplace.

After showing Vann and Lynn around the workplace, they make it back to the interview room to discuss Vann's needs. Chester hears from Vann and Lynn about his strengths, challenges, needs and goals. Chester makes some suggestions about how he can support Vann. Both Vann and Lynn agree that those strategies will help. Chester goes on to mention the various supports they have at the organisation, which include different recreation and leisure groups and clubs, an onsite nurse who visits once a week, and a case manager who handles worker issues such as transport to and from work and many other personal issues.

Lynn mentions that seeing the case manager may help them to assist Vann to get to work on time. Vann agrees and Chester arranges a separate appointment for them to see the case manager. Chester goes on to explain the organisation's privacy and confidentiality policies and procedures, complaints processes, support worker role, and the roles of different supervisors at the workplace. Chester gives Vann and Lynn an information pack that includes the organisation's policies and procedures that relate to workers.

Practice Task 4

Question 1

List two ways that a client with a mental health issue could exercise their rights when using a service.

Question 2

Briefly describe how the human rights of people with mental health issues are upheld by organisations and workers.

Question 3

Which of the following do clients have a right to know when using mental health services? Tick all that apply.

- ❑ How the service is funded
- ❑ How their personal information is stored
- ❑ The names of other service users
- ❑ The roles of staff within the organisation
- ❑ The home phone numbers of their support staff

1E Maintain privacy and confidentiality

Maintaining privacy and confidentiality builds a foundation of respect as well as fulfils a legal obligation you have towards your clients.

All community and mental health services must develop and implement policies that protect people's privacy and ensure all personal and sensitive information is kept confidential.

Codes of practice

Code of practice
A document providing practical guidance on how to comply with duties in a workplace.

Codes of practice in the mental health sector offer guidance on how to manage workflows so they comply with ethical and legal standards. The purpose of a code of practice is to provide practical guidance, based on applicable legal requirements. In mental health, state- and territory-based mental health Acts, such as the *Mental Health Act 2014* (WA), outline applicable laws in that jurisdiction.

Codes have been developed for dealing with issues related to confidentiality, privacy, disclosure and mandatory reporting. These codes may outline particular skills, knowledge and attitudes expected of those who work in mental health services. Each organisation will also have its own set of codes of conduct which are discussed during induction and training.

Codes of practice also provide information on the standard of work expected of you. You can read Victoria's Mental Health Code of Practice here: aspirelr.link/health-codes-of-practice

Privacy and confidentiality policies and procedures

Confidentiality is a legal and ethical responsibility of all workers in the mental health and community services sector. 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 and community service providers 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.

Procedures for privacy and confidentiality of health information
• Ensure that 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 if possible directly from the individual.
• 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.
• Ensure retention of individual medical records as required by legislation and regulations.

Maintain privacy and confidentiality

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 there is a serious and imminent threat to a person's life, health, safety or welfare.

Privacy refers to a person's ability to control access to themselves, their space and their possessions, including information about themselves. It is an ethical obligation to maintain the privacy of people as it contributes to their dignity and self-confidence. Ensure you have consent from the person prior to discussing or disclosing information to their carer, friends or family.

You can read more about privacy, confidentiality and disclosure in The Law Handbook: aspirelr.link/fls-law-handbook

Collection, use and storage of information

There are 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** This ensures that organisations manage personal information in an open and transparent way.
2	**Anonymity and pseudonymity** This requires organisations to give people the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.
3	**Collection of solicited personal information** This 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** This outlines how organisations must deal with unsolicited personal information.
5	**Notification of the collection of personal information** This 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** This outlines the circumstances in which an organisation may use or disclose personal information that it holds.
7	**Direct marketing** This stipulates that 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** This 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** This outlines the limited circumstances in which an organisation may adopt a government-related identifier of someone as its own identifier, or use or disclose this identifier.
10	**Quality of personal information** This stipulates that an organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.

Collection, use and storage of personal information	
11	**Security of personal information** This states that 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 is obliged to destroy or de-identify it in certain circumstances.
12	**Access to personal information** This outlines the obligation of an organisation to give access to personal information they hold about someone, to them, when they ask for it.
13	**Correction of personal information** This outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

Mandatory reporting

Mandatory reporting describes the legislative requirement that people in certain jobs or roles report cases or suspected cases of abuse and neglect of vulnerable people to government authorities. Each Australian state/territory has different laws and definitions about who is subject to mandatory reporting and how they must act in certain circumstances.

Mandatory reporting
The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Check with your supervisor or relevant legislation so you know what mandatory reporting obligations you have in your role. In certain cases, you may not have a legal obligation to report abuse or neglect, however you do have an ethical and moral responsibility to do so. Always speak to your supervisor about suspicions you have about a client being abused or neglected. You must tell your supervisor if a client discloses information about the abuse or neglect of a child, even if you do not work with the child directly. Not appropriately reporting what was disclosed to you could put that child at a higher risk of experiencing more abuse or neglect. Privacy and confidentiality laws allow you to disclose information like this to your supervisor.

Example

Confidential information

Rules around confidentiality apply to all written and verbal information about a person. Refer to the following table for specific examples of how confidential information may be communicated.

Written information includes:	Verbal information includes:
• case notes • medical information • contact details of someone • incident reports • meeting minutes • letters and emails about a consumer • individual plans or goals and individual reviews • applications for funding, packages or programs • referral letters or emails.	• telephone calls • meetings • consultations • case conferences • informal discussions.

Practice Task 5

Question 1

Which of the following should be included in an organisation's privacy and confidentiality policy? Tick all that apply.

- ❑ How the client's personal information will be collected
- ❑ How the client's personal information will be used
- ❑ The physical location where their personal information will be stored
- ❑ The circumstances in which the personal information can be disclosed to a third party
- ❑ Specific privacy procedures to be followed within the organisation

Question 2

Which of the following statements are correct? Select yes or no for each one.

a. Organisations that provide services to people with mental health issues have a standard code of conduct to follow.	Yes / No
b. Laws about mandatory reporting are the same regardless of where in Australia a worker is based.	Yes / No
c. All Australian states and territories have legislation that governs how organisations should handle clients' health information.	Yes / No
d. Issues related to the storage of clients' health information is rarely something that workers need to concern themselves with.	Yes / No
e. According to National Privacy Principles, clients should be given the option to use a pseudonym if their personal information is being used by an organisation.	Yes / No

Summary

- Always communicate respectfully, so as to develop trust and encourage self-direction.
- Develop communication techniques, such as active and reflective listening as a way of demonstrating respect.
- There are common social barriers faced by people with mental illness that need to be overcome.
- Standing up against discrimination and prejudice supports the recovery process for people with mental illness.
- People with mental health needs have rights like everyone else in the community, including the right to make decisions about their own recovery.
- Understanding the major values and principles that guide the mental health and community services sector provides a framework in which to operate and provide support to people.
- Every person has the right to demonstrate their cultural, spiritual and social differences.
- Attitudes to mental health have changed over time, and this is reflected in social policies, government spending and political decisions.
- Supporting a person to exercise their rights is as important as understanding what rights they have.
- Confidentiality is an important value of the mental health sector. Organisational policies and procedures should clearly outline rules around confidentiality, privacy and disclosure.

Learning Checkpoint 1

Establish respectful relationships

Part A

1. Describe how approaches towards working with people with mental health issues have changed in the mental health sector in the last fifty years.

2. Describe how societal attitudes towards mental health and mental illness have changed over time.

3. Identify four impacts of prejudice and discrimination on individuals with psychosocial disabilities and mental health disorders.

4. Which of the following statements are correct? Select yes or no for each one.

a. Within the mental health sector, developing meaning and purpose in life is a critical aspect of recovery.	Yes / No
b. Within the mental health sector, empowerment refers to a client's achievement of goals within a specific timeframe.	Yes / No
c. Workers who disempower clients know that their behaviour is harmful.	Yes / No
d. Services that seek to be equitable try to ensure that vulnerable groups are just as able to access services as other groups.	Yes / No
e. Within the mental health sector, the principle of citizenship refers to assisting clients with issues related to immigration status.	Yes / No
f. Doctors first started to realise that mental illness may originate in the brain in the late-1900s.	Yes / No
g. In recent years, governments in Australia have increased funding for mental health services.	Yes / No

5. Identify one government policy or initiative that has affected the mental health sector in Australia.

6. Briefly describe how government funding can influence how people in the general community understand mental illness.

7. Which of the following statements about the rights of clients are correct? Select yes or no for each one.

a. Human rights are reflected in service delivery standards and frameworks.	Yes / No
b. A worker who discriminates against someone because of their disability is violating their human rights.	Yes / No
c. The rights of people with mental health issues to participate in their care are reflected in legislation rather than in organisational guidelines.	Yes / No
d. A traditional method of informing clients about their rights involves showing them around a service and providing them with information about the services provided.	Yes / No

8. Which of the following statements explain the purpose of a code of practice? Tick all that apply.

- ❑ It provides practical guidance to workers performing duties under an Act of Parliament.
- ❑ It provides practical guidance to clients receiving services under an Act of Parliament.
- ❑ It provides practical guidance to organisations providing services under an Act of Parliament.
- ❑ It provides practical guidance to families whose loved ones are receiving services under an Act of Parliament.
- ❑ It provides practical guidance to policy-makers who are involved in designing services under an Act of Parliament.

9. Explain a support worker's ethical responsibility to report suspected child abuse.

Part B

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

Case study

Dan is a support worker at an organisation that provides advocacy and support services to people who are experiencing homelessness. Monica is a 23-year-old woman who has just started engaging with the service. She is a hospitality worker and living in a caravan park because she can't afford any other type of accommodation.

Monica recently started having problems with a neighbour at the caravan park. The neighbour taunts Monica with racist slurs about her being Aboriginal. The owner of the caravan park has blamed Monica for the conflict and evicted her from her trailer. The stress is having an especially negative impact on Monica because she has bipolar disorder.

Dan is working with Monica to help her access accommodation and make a complaint about her eviction from the caravan park.

1. Identify three ways that Dan can communicate with Monica to develop a relationship founded upon respect and self-direction.

2. What are two ways that Dan can recognise and demonstrate respect for Aboriginal culture when working with Monica?

3. Explain why it would be important for Monica to understand and exercise her rights in relation to her eviction from the caravan park and how Dan could help her with this.

4. List three examples of policies and protocols that Dan's organisation might have to maintain clients' privacy and confidentiality, and explain how Dan might apply these in practice.

Topic 2: Determine the needs of people with mental health issues

2A Gather and interpret information about the person's needs

2B Discuss strategies that support empowerment and recovery

2C Support the person to express their identity and preferences

2D Consider your duty of care and the person's dignity of risk

2A Gather and interpret information about the person's needs

To accurately determine a person's needs, you must collect and interpret information from a variety of sources.

Before seeking information from family members, friends, carers and health professionals supporting a person with mental illness, you need to obtain the person's consent. When you gather information, you must follow all protocols and procedures that ensure legal and ethical requirements are met.

There are many kinds of mental illness. A basic understanding of them will assist you when gathering and interpreting information to determine the needs of people with different mental health disorders and psychosocial disabilities.

Types of mental health disorders

Many people experience mental health issues such as anxiety and depression at some stage in their lives, often as a response to various stressors. The majority of mental health signs and symptoms do not last long, however, they do cause distress and can affect the way a person thinks and feels for a time. For this reason, people should seek treatment as soon as possible so that everyday stressors do not contribute to a more serious condition. For example, a person suffering from mild depression who is impacted in their daily functioning should ideally seek help and intervention. When someone has a diagnosed mental health disorder, these symptoms are enduring and have a more significant impact on a person's life.

Depression, anxiety disorders and substance misuse disorders are the most common mental health disorders in Australia. They impact people across these areas:

- emotions, behaviours and mental processes
- social connection and wellbeing
- work life
- ability to stay engaged in education
- financial wellbeing.

Depression

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

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

Possible symptoms of depression
• a prolonged and unusually sad or low mood
• loss of interest in activities the person previously enjoyed
• lethargy, tiredness, lack of energy and motivation
• loss of confidence and low self-esteem
• difficulty sleeping
• difficulty concentrating and making decisions
• disengaging from social support from friends and family.

Depressive disorders

A depressive disorder may be diagnosed after a person has experienced prolonged symptoms of depression. The table below outlines the most common depressive disorders:

Major depressive disorder/Clinical depression
A person who has experienced all symptoms of depression for longer than a two-week period may be diagnosed with a depressive disorder. They are usually negatively impacted across: • work • education • social relationships • engagement in the community.

Psychotic depression
Psychotic depression may be diagnosed when a person experiences all of the symptoms of depression as well as signs and symptoms of psychosis. Psychosis is where people experience hallucinations and delusions. Hallucinations involve seeing, hearing, smelling, feeling and believing things that are not there. Delusions are false and irrational beliefs that are held on to, even when there is evidence that they're not real. For example, a person may believe that they are the prime minister or God. Psychosis may be coupled with paranoia, such as believing the government is stalking you.
Antenatal or postnatal depression
This form of depression occurs in women who are about to, or have given birth. Up to 80% of women experience what is often termed 'the baby blues' after giving birth, due to massive hormonal fluctuations. However, when symptoms of depression persist for longer than two weeks, it may be recognised as postnatal depression.
Bipolar disorder (previously known as manic depression)
Bipolar disorder is a mood disorder that can also be classified as a depressive disorder. People who experience many negative impacts of bipolar may be diagnosed with a psychosocial disability. Bipolar disorder causes a person to experience extreme moods. Some people experience both highly elevated and very depressed mood extremes; others experience one or the other. Examples of extreme moods include: • extreme excitability, erratic behaviour and low impulse control, also called 'hypermania' • grandiose thoughts and behaviours • intense and chronic depression. Treatment includes medication and community support programs.
Cyclothymic disorder
This depressive disorder is similar to bipolar disorder; however, it is less intense and therefore harder to detect. People experience longer episodes of depression and fluctuating moods but may also experience some hypermania which is shorter lasting.
Seasonal Affective Disorder (SAD)
A mood disorder that is connected to the seasons. It most commonly occurs during winter, when days are shorter and there is less sunshine.

Anxiety

Feeling fear, worry, concern and anxiety are part of being human and are part of everyone's experience from time to time. This doesn't mean they suffer from an anxiety disorder. The symptoms of clinical anxiety are excessive feelings of worry or persistent thoughts about certain fears or worries in general. An individual experiencing anxiety may display the following:

- chaotic, intrusive thoughts
- racing heartbeat and shallow breathing
- persistent worry
- difficulty concentrating
- feeling nervous, restless or tense
- feeling weak or tired
- trouble falling or staying asleep
- extreme aversion to the thing or situation that seems to be causing the anxiety.

It is common for people with mental health disorders to experience anxiety and depression at the same time. It is also quite common for people who live with intellectual or developmental disabilities, Autism, or physical disabilities and conditions, to experience higher rates of anxiety and depression.

An anxiety disorder may be diagnosed if symptoms are severe and persist over long periods of time. The diagnosis is also influenced by how impacted or impaired the person has become because of the symptoms of anxiety.

The following table provides a very basic description of the main anxiety disorders.

Anxiety disorders	
Phobia	A phobia is an intense fear of something. Someone with a phobia may experience a panic attack when faced with the thing they are afraid of. They usually go to great lengths to avoid seeing or experiencing the thing they are afraid of.
Generalised anxiety disorder (GAD)	People with GAD have very intense anxiety that negatively affects their ability to participate in society, maintain relationships, perform certain activities or cope in a work situation. They may also suffer from panic attacks.
Post-traumatic stress disorder (PTSD)	People with PTSD have experienced a traumatic event such as child abuse, military service, or a traumatic accident. They can experience flashbacks, intrusive thoughts, irritability, nightmares, insomnia, aversion to things that remind them of the trauma, and feeling emotionally numb.

Anxiety disorders	
Panic disorder	People who experience panic disorders experience periods of intense panic, fear and doom from an environmental issue or a fear they are experiencing in the moment. They will experience many panic attacks.
Obsessive compulsive disorder (OCD)	OCD involves a person experiencing unwanted, persistent, intense and unwanted thoughts. These then turn into compulsions which drive compulsive behaviours which are done in an attempt to make the compulsions stop. The compulsive thoughts and behaviours are severe enough to reduce engagement in every day functioning and take up a lot of time.
Social anxiety disorder	Social anxiety disorder is where a person experiences persistent worry and anxiety around social situations.

Developmental & behavioural disorders

Developmental disorders are mental health disorders that begin during the developmental stages of life – that is, during childhood – though they are often lifelong conditions. They are also considered to be behavioural disorders because they often cause challenging behaviours that affect the person and those around them. A person with a developmental disorder has neurological or brain differences that affect their behaviour.

Developmental disorders impact children, teens and adults in the following ways:

- They do not develop socially, cognitively (mentally), academically, physically in the same ways that people who do not have these disorders do.
- They feel very strongly and struggle to manage strong emotions such as: fear, shock, anger and surprise. It can take them longer to learn to manage and regulate their emotions.
- They can engage in challenging behaviours and behaviours of concern.
- They struggle to stay engaged and motivated in work and education settings.
- They struggle with many social relationships.
- As adults, they are often financially disadvantaged because they struggle more than others in society to obtain and keep paid work.
- They can have poor mental health and quality of life.

Autism

Autism spectrum disorder – ASD, or Autism – is a developmental, neurological and behavioural disorder. Children and adults with Autism generally have:

- fixated interests and hobbies
- sensory sensitivities
- developmental delays in childhood
- social difficulties and challenges
- fixated, obsessional and repetitive behaviours such as: flicking, spinning etc.

There are three levels of Autism. Level 1 describes the condition where people have the capacity to interact in society, work and learn and do well at school, though they may face many social difficulties and challenges.

Level 2 and 3 Autism can be accompanied by an intellectual disability, low IQ and speech impediments.

Read more about Autism at: aspirelr.link/what-is-autism

Attention deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD)

ADHD and ADD are examples of behavioural and neurological disorders that affect both cognitive functioning and mental health. Children and adults with ADHD/ADD struggle to concentrate on tasks and display hyperactive behaviours.

ADHD affects a person's ability to manage and control emotions, impulsive behaviours and decision making, causes difficulties with social relationships, and often results in poor academic performance despite the fact that the person may be intelligent.

ADHD/ADD can lead to anxiety and depression and cause poor mental health. For myths and facts about these conditions, see: aspirelr.link/adhd-myths-facts

Oppositional defiant disorder (ODD)

ODD is a behavioural disorder that impacts children and families in the following ways:

- the child is frequently hostile, aggressive, frustrated, argumentative
- the child refuses to accept responsibility for acts of aggression or violence, refuses to follow rules and is constantly antisocial
- the child typically has low self-esteem and self-confidence.

If children with ODD do not receive early intervention, they may go on to develop conduct disorder (CD).

Read more about ODD here: aspirelr.link/oppositional-defiant-disorder

Conduct disorder (CD)
Conduct disorder is a severe behavioural disorder that affects the way a person behaves. Children with conduct disorder: • can be violent, cause property destruction and show little care for societal rules and norms • lack empathy, may engage in criminal acts and are at a very high rate of being jailed and engaged in justice departments. Conduct disorder is underdiagnosed in Australia. Research data estimates that around eight to twelve students at each Australian school have conduct disorder. If left undiagnosed and untreated, young people with conduct disorder may go on to develop anti-social personality disorder. Conduct disorder is more prevalent in males. For more information, visit: aspirelr.link/conduct-disorder

Psychosocial disabilities

Psychosocial disability is often used to describe more severe and debilitating mental health disorders. Psychosocial disabilities can include mood disorders, anxiety disorders and behavioural and developmental disorders.

Below is an outline of some of the more common psychosocial disabilities you may encounter in your work.

Borderline personality disorder (BPD)
People with the personality disorder BPD often experience distressing emotions, have difficulty relating to other people and may exhibit self-harming behaviour. 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.
Schizophrenia
Schizophrenia is a psychotic disorder. It affects the normal functioning of the brain, causing distortions and disruptions to the way a person thinks, feels and acts. Symptoms include: • confused and disordered thinking • delusions • hallucinations, which may be auditory and include hearing voices. Treatment includes medication and community support programs.

Complex PTSD

Complex PTSD is an anxiety disorder. It includes the same symptoms as PTSD, and tends to occur when the person has experienced:

- multiple traumas, especially ongoing childhood abuse and neglect
- persistent negative thoughts about self, the world and the people who perpetrated the abuse

Some allied health professionals consider complex PTSD and BPD to be the same disorder, however research indicates that they are separate disorders. It is possible for a person to have both BPD and complex PTSD or PTSD at the same time.

Eating Disorders

A person suffering from an eating disorder exhibits disordered eating patterns as well as disordered mental processes about food and eating. The most common eating disorders are:

- anorexia nervosa – where a person severely restricts their food intake because they believe they are overweight
- bulimia nervosa – where a person binge eats, then makes themselves vomit or takes medications to evacuate food through the bowel
- binge eating disorder – where a person eats significantly more than is recommended for their life stage in one day. They may exercise more or starve themselves on other days to make up for the binge eating episode.
- pica – where children, teens and adults ingest things which are not food, for example: cotton wool, soap, clay, paper, dirt or hair.

You may encounter many types of mental health disorders as a support worker, however, the most common are likely to be the range of personality disorders. With the exception of borderline personality disorder, most personality disorders often go undiagnosed until later in life, and often not until the adult has experienced many years of extreme challenges due to the personality disorder. This is the time they will often reach out for help because of the issues they are facing.

Here is an Australian Government article on the range of personality disorders: aspirelr.link/hd-personality-disorders

Informed consent

Informed consent is freely agreeing to something that is proposed by another person after understanding the consequences of that decision. According to the *National Standards for Mental Health Services 2010* it is an 'agreement based on an understanding of the implications of a particular activity or decision and the likely consequences for the consumer'.

The principle of informed consent is highly valued in all community and mental health services and is protected by law. It means no one can force a person to do something against their will, and it also means that enough information needs to be communicated, so that the implications of the decision are known.

In Australia, some people are not considered able to give informed consent. For instance, the general position is that a person under 18 years is legally regarded as a minor. If the person you support is under 18 years, you must get permission to do an activity or task from their parent or guardian, who is legally able to give consent on their behalf (in NSW and SA, however, legislation recognises a child's ability to consent to medical treatment from a younger age). In some situations, a court instruction may deem that a person over 18 is not competent to give informed consent. In these cases, a family member, guardian or someone with power of attorney is able to make decisions for them. If someone you support is in this situation, you will be informed about who you need to ask for permission.

When someone is informed about their condition, from a health care professional, such as a doctor, nurse or psychologist, this person must outline the ramifications of it, the risks and issues surrounding it, and give information about treatment options to manage the condition. The person then actively consents to a treatment or plan to support their condition. Consent is confirmed through signing a form or by a person giving their consent verbally.

Here are some things to consider about informed consent.

Additional factors about informed consent
It must be obtained freely and without coercion, threats or improper inducements.
Adequate and understandable information must be provided in a format and language demonstrably understood by the person.
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.

Video: Informed consent

Watch this video from Queensland Health on informed consent: aspirelr.link/yt-informed-consent-health-care

In this context, 'uninformed consent' means that consent is implied. Here are a few examples of uninformed consent:

- If a person is in a car accident and they arrive at the hospital unconscious, the doctors make medical decisions for the person based on their condition.
- If a person has an advanced care directive, then their decision maker is allowed to make decisions with doctors regarding medical treatment for the person.
- A parent makes health care decisions for their child who is under 18.
- A person faints at work, and their work colleagues call an ambulance and administer first aid to them.

Whatever kind of support task you provide for a person, you must gain their consent to do it each time. Do not assume that the person consistently consents to treatments or support. They have a legal and moral right to make decisions regarding how, why and when they receive support, and can change their mind and reverse consent if they choose.

Obtaining consent does not have to be a laborious or clinical process. Here are some casual, yet respectful, ways you can gain consent:

- 'We are playing a boardgame in the games room, would you like to come along and join us?'
- 'I need to go and help someone else for a moment, is it okay if I come back in 15 minutes to help you with that?'
- 'Are you ready to have your shower now?'

Example

Sample consent form

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
Client's name	Jacqueline Foster
Client's signature	*Jacqueline Foster*
Witness	Kaye Green
Witness signature	*Kaye Green*
Date signed	20 March 2023

Practice Task 6

Question 1

Describe a situation where you might need to gather information about a client's needs from another person without the client's permission.

Question 2

Which of the following statements are correct? Select yes or no for each one.

a. Parents are the only people who can provide consent for minors to participate in an activity.	Yes / No
b. It is common for people who have anxiety to also have depression.	Yes / No
c. Children who have oppositional defiant disorder can go on to develop conduct disorder if they do not receive early intervention.	Yes / No
d. Personality disorders are typically diagnosed in childhood.	Yes / No
e. People who experience symptoms of mental illness have a mental health disorder.	Yes / No

2B Discuss strategies that support empowerment and recovery

When you use a person-centred approach, you involve your clients in making decisions about what strategies will be included in their support plan to assist them towards recovery.

Services to support recovery should also be chosen in collaboration with the person. These include: promoting healthy practices, preventing illness, taking a holistic approach and practising early intervention, where possible.

Recovery-oriented practice is widely used to support people with psychosocial disabilities and mental health disorders, assisting them to identify services and strategies to support empowerment and recovery.

The recovery model
• focuses on fostering hope and empowerment in people who experience mental illness
• encourages a culture that believes people are able to manage and recover from mental health disorders
• does not always aim towards a complete absence of symptoms, but supports people to deal with and not be limited by them.

Develop a support program focused on recovery

Your goal is to work in partnership with the person you are supporting to develop their self-empowerment, build independence and participation in the community, and support them to develop skills and confidence to implement their own decisions.

Key factors in developing an individual recovery/support program include:

- seeking the person's input in a way that suits them
- valuing education
- supporting people's rights
- developing strong, healthy relationships
- encouraging personal responsibility
- supporting self-advocacy
- creating a culture of hope
- developing support strategies that help the person.

A holistic approach to recovery & support

Holistic care means supporting the whole person, not focusing solely on helping the 'unwell' part of them 'to get better'. It includes acknowledging and supporting the physical, emotional, financial, psychological, social and spiritual needs of the person.

Person-centred support encourages partnerships to be developed between the person and their family/carers and allied health professionals. The decision to involve others in their journey to recovery can improve a person's quality of life and health outcomes. Having strong support networks often means that a person can remain in the community, function more independently and manage their illness.

When developing an individual recovery and support plan, it's important to consider the person's physical health, strengths and abilities, co-morbidities (other conditions co-occurring with their mental illness), personal beliefs, goals, needs, desires, preferences and existing support network. The support strategies that you develop in consultation with the person should be person-centred, flexible and meaningful to the person.

Clients who have psychosocial disabilities will need support from a range of services who can meet their needs holistically. You may have access to a range of professionals, programs and services at your organisation, however if you do not, it is advisable to gather contacts for services outside your organisation. Clients with psychosocial disabilities may need the following services:

- employment, training, and education support
- in-home support services
- community access and participation support
- financial assistance and relief
- advocacy services
- legal services
- specialist support for cultural and linguistic needs
- gender and sexuality support
- counselling
- medical care.

Example

Recovery-oriented practice

Ben is 44 years old and has been living with schizophrenia for nearly 25 years. He lives near a community garden, which he has been visiting regularly for three years. He enjoys the social aspect of the garden, and likes meeting people from a diverse range of backgrounds who live in the local community. He is also actively involved in a peer support program targeting people with mental illnesses. When he is well he assists the teacher. When he is unwell he avoids the garden because he feels embarrassed that his thinking gets confused and he knows he behaves strangely in other people's eyes. He believes people will avoid him. When he is unwell he often stays in hospital for several weeks, during which time his medication is adjusted. When he feels better, he returns to the garden.

Health promotion

As a support worker you need to support both the physical and mental wellbeing of people experiencing mental health disorders. Suggesting strategies that encourage a person to make healthy lifestyle choices such as eating well and exercising can improve their physical and mental health and their overall quality of life. You can role model healthy lifestyle choices such as healthy eating and physical exercise. You can also suggest that people see a medical professional to get information and support towards developing healthy habits. Support workers can gently encourage people to make healthy lifestyle choices, however never force your opinions about how they should live their life. It can make them not want to work with you, or become defiant and entrenched in unhealthy choices. Trying to force anything on anyone damages the relationship and is never appropriate in support work.

Prevention and early intervention

Prevention aims to mitigate serious mental health issues and decrease the likelihood of someone experiencing a mental health crisis. When a person receives diagnosis, treatment and intervention early in the piece, it can prevent symptoms from escalating and reduce the impact of illness on the person. Early identification of and intervention into the symptoms of mental illness can prevent severe mental health episodes and crises from occurring. It can reduce negative long-term impacts in terms of engagement in work, education and relationships.

Support workers can support prevention and early intervention by:

- suggesting their clients seek support from their doctor/psychologist/psychiatrist if they notice the signs and symptoms of their mental health issues flaring up
- suggesting their clients contact their doctor/psychologist/psychiatrist if their mental health is deteriorating and/or the symptoms of their condition are worsening
- obtaining appropriate emergency assistance when a mental health crisis or episode occurs.

Example

Early intervention and prevention

Prisha is a support worker who works in her clients' homes. She supports Mateo who has OCD, depression, and anxiety. She has worked with Mateo for many years and has seen Mateo go through a lot trying to manage his mental health.

One day, Prisha arrives at Mateo's unit and finds him in bed refusing to get up. Mateo says he's been feeling extra down lately because of some conflict in his family. She finds him in the same place the next day. Prisha gently suggests to Mateo that he may need to see his doctor or psychologist to talk about feeling so sad and not getting out of bed for two days.

Mateo is able to organise a time to speak to his psychologist about his family issues and sadness. His psychologist suggests to Mateo that he stays connected to Prisha and the support plan they developed to manage his symptoms. Mateo says talking about what was bothering him makes him feel better and the next day when Prisha arrives, he is able to re-engage with the support plan.

Practice Task 7

Question 1

Identify three factors that need to be considered when developing a client's recovery plan.

Question 2

Match each concept with its definition.

Prevention	an approach that involves working with people to identify the services and strategies that support empowerment and assist in recovery
Holistic approach	supporting clients to improve their physical and mental health and wellbeing
Early intervention	an approach that aims to stop a mental health crisis from occurring by responding early to symptoms
Recovery-oriented practice	supporting the client as a whole person, rather than just attending to one aspect of their lives
Health promotion	diagnosing, treating and intervening early to support mental health before symptoms escalate

2C Support the person to express their identity and preferences

To best support your clients, you need to know their goals, needs and preferences.

By allowing the person you support to express their opinions in safety and without judgment, you strengthen the trust between you. It's not always easy to remain neutral and supportive when others have very different beliefs and values from our own, however this is an aspect of your job, and an important capacity to develop. By recognising and acknowledging your values and beliefs, you can learn to appreciate others who hold differing views. You mustn't impose your own values on another person because this can hinder their recovery. The myths and misinformation surrounding mental illness reinforce stigma and negative attitudes, which can also make recovery more difficult.

Identify your own values

Everyone has the right to their own thoughts, feelings, beliefs and values. Beliefs are the thoughts you hold about yourself, other people and the world around you. Values and norms are what you believe is important, the way you think things should be and how you think people should act. As a support worker, it is important to recognise your values, beliefs thoughts and feelings and how they influence the way you do your job.

You must always respect the views of other people, even if they are the opposite of your own. This means you shouldn't try to force your own attitudes, opinions and values onto people you are supporting. You don't have to agree with the other person, but keep an open mind, be polite and listen to what they have to say. Not listening and being judgmental can harm your relationship with the person you are supporting, causing you to miss important information or overlook signs that something is not right.

You can identify your values by asking yourself:

- If a client bothers you, why is that?
- What are the qualities that you like and do not like in clients?
- Do these qualities conflict with your own values and beliefs about how people should or should not behave?
- If you find yourself judging a client, ask yourself why you think their beliefs or conduct to be wrong.

It is part of the human condition to have different beliefs and values from the people around us. However, it is possible to put these aside when supporting clients whose behaviour, lifestyle and opinions differ from yours. You can do this by demonstrating unconditional positive regard towards the person. This is a lovely attitude to cultivate, and means that you look for the intrinsic goodness in the person and value them simply for being themselves, irrespective of what they do, say or think.

If you find yourself struggling with this:

- make an active choice to be respectful to all clients irrespective of your opinions and judgments
- see if you can find ways of appreciating and valuing them, even when their values differ vastly from yours
- speak to your supervisor for support
- seek training and supervision in the areas you find confronting or challenging
- do some research into what you find challenging or confronting; remember that ignorance fuels prejudice – educating yourself can help you become more accepting.

Impact of negative attitudes that remain unchecked

If you do not check your negative attitudes and beliefs about your clients, it can have a detrimental effect on them and you. Without you necessarily meaning for this to happen:

- it may lead you to behave unethically, for instance, by favouring one client over another
- it can result in you working in an unsafe manner, because your opinion gets in the way of you making safe judgments
- it impacts workplace culture and can lead to a toxic climate, causing clients to disengage with services and find support elsewhere or take up unhealthy coping mechanisms
- it can lead you to discriminate against those clients, which is illegal and unethical.

Example

Recognise differing values and work through it

Cho works as a disability worker in a day support program. He supports people with all kinds of disabilities and mental health disorders and issues. Cho's religion is very important to him and he strictly adheres to the beliefs and values of his community of faith. Naturally, he works with many clients who do not share his beliefs or moral framework. Cho knows that it is not his place to change his clients' beliefs or actions; rather, his job is to best support *their* needs, values and preferences. Cho hears and encounters many things each day that he does not like or agree with, however he is committed to holding a high positive regard for every client and allowing them the space to express themselves safely and without judgment. Cho finds that his religious beliefs help him to extend respect and care to his clients, who he values and enjoys the company of very much.

Discrimination

All forms of discrimination are illegal and unethical in the community services sector. Direct discrimination is when one person or group is treated more favourably than another person or group. Indirect discrimination is when a universally applicable policy or rule, or an aspect of work culture or structural component of an organisation, unfairly disadvantages a person or group who share an attribute (Australian Human Rights Commission, 2021).

Read more about discrimination here: aspirelr.link/human-rights-discrimination

Myths and misinformation about mental illness

Ignorance, myths and misconceptions about mental illness result in stigma and perpetuate negative attitudes about people living with mental health disorders and psychosocial disability. These make it harder for people with mental illness to get jobs, maintain friendships and participate in social activities.

Stigma is stronger against some forms of mental disorder than others. For example, mental health disorders such as schizophrenia and borderline personality disorder carry more stigma than anxiety disorders and depression.

Below are some common myths, misconceptions, stigmas, generalisations and judgments about people with mental health disorders.

Myths and misconceptions about mental illness

- People with mental health disorders can't or won't work.
- They can never get better and will always be a burden on society.
- People with mental health disorders are lazy, self-indulgent and self-pitying.
- They are violent, dangerous, deluded, untrustworthy and unpredictable.
- They are stupid, uneducated, and not as smart as other people.
- They should be segregated from the community because they can't look after themselves.
- They are scary and crazy.
- They cause trouble.
- They are manipulative and attention seeking.

Facts about mental health disorders include:

- Around one in five Australians will experience some form of mental illness each year.
- Around 45% of Australians experience mental illness at some point in their lives.
- Mental illnesses are the third leading cause of disability burden in Australia.
- About one in 25 people will experience a major depressive episode in a 12-month period.
- Anxiety affects over 2 million Australians each year, around 14% of the population.
- About 3% of Australians are affected by psychotic illnesses, such as schizophrenia.
- About 4% of the population is affected by an eating disorder at any one time.
- Prevalence of mental illness is greatest among 18–24-year-olds, and decreases with age.
- People who are unemployed or not in the paid workforce generally have higher rates of mental illness than people who are employed.
- Limited research suggests that Aboriginal and Torres Strait Islander peoples may experience higher levels of psychological distress due to intergenerational trauma.
- LGBTIQ+ people experience higher levels of psychological distress, which can increase their risk of mental illness and suicide.
- The prevalence of mental or behavioural disorders among people born overseas is similar to those born in Australia.
- Many violent people have no history of mental disorder and 90% of people with mental illness have no history of violence.

Source: https://everymind.org.au/mental-health/understanding-mental-health/mental-health-key-facts

These statistics about mental health in Australia reinforce the fact that every person who experiences mental health issues or symptoms deserves to be treated with respect, patience and dignity. They also show that anyone can experience mental health issues or symptoms. They are more common and prevalent than many people realise.

Example

Understanding mental illness

Ethan is 21 years old and has recently been diagnosed with schizophrenia. His father, Donald, is feeling overwhelmed. He is scared for his son's future and he is angry with his wife because he feels she has gone to pieces, leaving him to manage the situation. Donald worries about the treatments he has heard are given to people with schizophrenia, although he doesn't actually know anyone else with schizophrenia or how they've been treated.

He speaks with Ethan's new support worker, Seth, who acknowledges Donald's feelings and empathises with him by being willing to see things from Donald's point of view. Together they identify his need for more information about the illness and treatment options. Seth shows Donald how to access that information. They talk about the emotional support the family needs at this point in time, and acknowledge that this may change over time.

Practice Task 8

Question 1

Which of the following statements are correct? Select yes or no for each one.

a. Values are what we hold to be important and how we think things should be and people should act.	Yes / No
b. It is rarely helpful for workers to reflect on why a particular client may be bothering them.	Yes / No
c. If workers do not reflect on their own values and put aside their judgments and opinions, it may lead to unsafe workplace practices.	Yes / No
d. Workers who have negative attitudes towards people with mental health issues may engage in unethical work practices.	Yes / No

Question 2

Ivan believes that most people with mental illness are unable to work. He says this is proven by the fact there are higher rates of mental illness among unemployed people than among people in paid employment.

What myth is Ivan perpetuating about mental illness and what aspect of his belief is factual?

Question 3

Which of the following statements are true of indirect discrimination? Select all that apply.

- ❑ It involves one group being overtly treated more favourably than another.
- ❑ It can occur when everyone in an organisation is subject to the same rules.
- ❑ It happens when a policy that applies to everyone impacts negatively upon a specific group of people.
- ❑ It is deliberate, and fuelled by prejudice.
- ❑ It is considered unethical in the community services sector.

2D Consider your duty of care and the person's dignity of risk

Duty of care and dignity of risk are key concepts to understand.

Duty of care
A moral or legal obligation to ensure the safety and wellbeing of other persons.

Dignity of risk
A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

'**Duty of care**' is your moral and legal obligation to avoid acts or omissions that may cause harm to someone in your care. 'Dignity of risk' means that all people have the right to make choices about their lives, even when those choices entail a degree of risk.

The term '**dignity of risk**' was coined in the 1970s in the context of care for people with intellectual disability. At that time, it was common for people with intellectual disability to be considered incapable of living independently or making decisions for themselves. This view meant they were often deprived of life experiences that others take for granted.

Dignity of risk is now an accepted principle in the community services sector. It acknowledges that life experiences come with a degree of risk and it values the autonomy of all people to make choices about their lives.

As a support worker, you must balance the principles of duty of care and dignity of risk. On the one hand, you have a duty to protect your clients from foreseeable harm, and on the other, you have the obligation to support them to be autonomous and to take responsibility for their own lives. That means allowing them to experience failure as well as success.

It can be a challenge to find this balance; we live in a risk-averse, safety-oriented society. It can be easier to err too strongly on the side of caution, and deprive people with care needs of rich, meaningful experiences, because they entail some risk.

Level of risk

With many activities, it is not possible to eliminate risk altogether. Risk is a part of our daily lives and it is through taking risks, trying new things and making mistakes that we learn.

The key issue when considering the legal and ethical aspects of dignity of risk is to determine 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.

Questions to consider

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

Duty of care

As outlined at the beginning of the section, duty of care is the legal obligation of support workers and organisations to anticipate and act on possible causes of injury and illness that may exist in the work environment or as a result of their actions. Duty of care is a principle of common law and 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 a duty of care towards 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 potential causes of harm.

Organisations have legislative and regulatory obligations to maintain, including policies and procedures that guide and promote people's safety and wellbeing.

Negligence is a principle related to duty of care. It is deemed to have occurred when duty of care has been breached and harm to either person or property occurs.

Negligence
Failure to take reasonable care with your actions and causing harm to person or property.

Example

Identifying dignity of risk considerations

Ashwin supports Tam, a 13-year-old who has borderline personality disorder, as respite for Tam's mother who cares for her. Tam struggles to manage strong emotions and often harms herself as a way of handling these emotions. Tam has just been discharged from the hospital following a suicide attempt. She has been feeling really emotional and is refusing to walk with Ashwin to the shops to get ingredients for a meal. Tam says to Ashwin that she should go shopping by herself. As they talk, Tam's anger escalates. She begins yelling at Ashwin to leave the house so she can be alone. Ashwin considers the risk of leaving Tam alone and decides the risk of her hurting herself while she is away is too great. Ashwin distracts Tam with other activities they can do together. She eventually calms down and she and Ashwin play a board game.

Practice Task 9

Question 1

Which of the following statements are correct? Select yes or no for each one.

a. When working with clients with psychosocial disabilities, your role is to eliminate risk from activities.	Yes / No
b. It is the worker's perspective that is most important when considering the level of risk involved in an activity and the potential benefits for the client.	Yes / No
c. Duty of care is a common principle that applies across all states and territories of Australia.	Yes / No
d. Using duty of care to limit a client's freedom undermines their rights.	Yes / No

Summary

- To determine the needs of a person with mental health issues you need to obtain and interpret information from a variety of sources.
- Always get informed consent before seeking information about a person from family members, carers or health professionals. Obtain consent before performing support tasks and implementing strategies.
- Follow legislation and your organisation's policies and procedures in regard to privacy and confidentiality when disclosing health information.
- Understanding a range of mental health disorders and familiarising yourself with their different signs and symptoms will assist you in your work.
- Consider empowerment- and recovery-oriented practices when identifying strategies to support recovery.
- Take a holistic view to supporting a person, including health promotion and prevention where possible.
- Early intervention can minimise the risk of severe issues and crises developing.
- Be aware of your own values and reflect on any negative attitudes you have and their impact on the support you provide.
- Work to change attitudes, correct misinformation and reduce stigma towards people with mental health needs.
- Dignity of risk and duty of care are two important considerations when collaborating with a person to determine their needs.

Learning Checkpoint 2

Determine the needs of people with mental health issues

Part A

1. Which of the following statements are correct? Select yes or no for each one.

a. Organisations are legally required to gain informed consent by having clients sign a consent form before receiving any kind of support.	Yes / No
b. Hope is one of the factors that is key to developing a client's recovery/support program.	Yes / No
c. Prevention and early intervention are essentially the same thing.	Yes / No
d. When workers don't reflect upon their attitudes and beliefs about people with mental health issues, it can contribute to a toxic work culture.	Yes / No

2. List three types of depressive disorders.

3. Describe the goal of a support worker when helping a client to develop strategies to support their recovery.

4. Briefly describe how workers should undertake health promotion with clients who have mental health disorders.

5. Explain the difference between direct and indirect discrimination.

6. Which of the following statements about mental illness are true? Tick all that apply.

- ❑ Every year, about 20% of Australians will experience some form of mental illness.
- ❑ There is a higher proportion of people with mental illness among the unemployed than there is among the paid workforce.
- ❑ About 3 in every 100 Australians are affected by a psychotic disorder.
- ❑ People who have a mental illness are generally less intelligent than people who do not have a mental illness.
- ❑ Mental illness can be a form of attention-seeking.

7. A worker has a client who doesn't agree with same-sex marriage because of her religious convictions. She regularly expresses this belief to the people around her, including the worker. The worker strongly supports same-sex marriage. Identify two things the worker could do to uphold her client's right to express her religious beliefs about same-sex marriage without imposing her own values upon the client.

Part B

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

Case study

Eden works as a senior personal assistant at an organisation that provides home-based support to older people and people with disabilities.

One of the clients Eden regularly works with is Anush, a 43-year-old man with a psychosocial and intellectual disability.

Anush has just returned home from hospital after a manic episode. He has a recovery support plan in place. He has a passion for trains and likes to travel alone within his home state and beyond.

1. Apart from Anush himself, identify two sources that Eden may need to use to gather information about Anush's needs.

2. Briefly describe what Eden could do if she wanted to provide holistic care to Anush in his recovery.

3. There are risks associated with Anush travelling alone on the train. Describe how Eden could go about balancing her duty of care towards Anush with his dignity of risk.

Topic 3: Work to meet needs and aspirations

3A Provide support and collaborate to achieve a person's goals

3B Work in ways that uphold the person's rights

3C Adapt service delivery to meet their needs

3D Document interactions and services according to policies and procedures

3E Respond promptly to people experiencing distress or crisis

3F Work within your limits and refer people when necessary

3A Provide support and collaborate to achieve a person's goals

It is your role to support your client to work towards their aspirations and goals.

One of the key values of the mental health sector is social inclusion. Participation of people with mental illness in the community can provide valuable social connections, opportunities to make friends and the chance to contribute. All of this is important and helps empowerment and recovery. All support workers should value the social justice principles of equal access and opportunity, which are basic rights of all people.

As a support worker, you and the support team can encourage participation in the community in various ways. Make sure you always do this in collaboration with the person and their support network, emphasising communication and teamwork to best meet the needs of the person.

Everyone has the right to make choices, and to participate in all aspects of life, including community life. It is your role to help the person you are supporting develop achievable and realistic goals, and to help them understand any risks associated with achieving them.

It is useful to consider the kinds of support that can assist people to meet their goals.

Emotional support	Living with mental illness can be emotionally demanding and stressful. Offering emotional support and empathy may be required.
Practical support	Practical support includes housing, transport, managing finances and completing forms.
Financial support	Many people with mental illness experience financial hardship because their earning capacity is reduced. They may need financial assistance and/or support with budgeting and otherwise managing their money.
Spiritual support	Many people find comfort in their spiritual beliefs and need these nurtured. Acknowledging their value demonstrates empathy.
Physical support	Some clients who have additional physical disabilities or conditions will require additional physical support and assistance with care tasks.

Collaborative approaches

Current approaches to community services emphasise the value of collaboration, where all parties work together to support the person with mental illness achieve their goals. Collaboration is intrinsic to a person-centred approach. It empowers the person by encouraging them to think about their wants and needs, and supports them to make choices in different aspects of their lives. It also reflects a commitment to the human rights of dignity and empowerment, and respects the person's right to ask for what they want.

A collaborative approach means that the person you support has a say in the strategies developed to meet their goals. It encourages a commitment by all parties to implement the agreed-upon strategies.

People with mental health disorders and psychosocial disabilities are often engaged with various professionals to support their recovery. You may find yourself working as part of a multi-disciplinary team, where each person brings different skills and knowledge to the table. Previously, it was often the case that health professionals were seen as the only people with any expertise. This meant that they talked *at* people, not *with* people, and told them what to do without consultation. Here is a table that illustrates the changes in approaches from the past to current-day practice.

Changing approaches to mental health care practice	
Previous practice	• The emphasis was on the illness or disorder. • The person's deficits were the focus of treatment. • Allied health professionals were considered the only experts; they told the person what to do.
Current practice	• The focus is broader and more holistic, taking in all aspects of health, including a person's physical, spiritual, social, emotional and psychological health as well as the health of their community. • The person's strengths and challenges are both considered to be important. • Recovery processes focus on a person's strengths and resources. • The person, support workers and allied health professionals collaborate in the recovery process.

Roles of interdisciplinary team members

An interdisciplinary, or multidisciplinary, team is where team members from different disciplines work collaboratively to set goals, make decisions and share resources and responsibilities around the support of a person.

The following table outlines the different people commonly found on interdisciplinary teams. Depending on the person's needs, there may be several different types of professionals on the interdisciplinary team. These are the services they provide:

Psychologist	Performs cognitive assessments and therapeutic interventions designed to assist the person
Social worker	Acts as case manager and provides referrals; connects the person to other services they need; may also act as an advocate or counsellor
Doctor	Performs physical assessments and tests; writes prescriptions for medication
Psychiatrist	Performs cognitive assessments and makes therapeutic interventions designed to assist the person; prescribes medication to control the symptoms of mental health disorders
Occupational therapist (OT)	Performs physical and environmental assessments and makes therapeutic interventions to assist the person; suggests equipment to increase mobility and functionality, i.e., Shower chairs, wheelchairs, communication devices
Registered nurse	Performs physical assessments and provides clinical care to the person
Speech therapist	Performs speech assessments to determine treatments to increase speech and communication; assists people who have had a stroke, have an acquired brain injury and/or have lost the ability to speak

You may find yourself having to report to the interdisciplinary team to share your perspective about the person you are supporting. Information required from you may include:

- recent observations about the person
- the person's skills and areas of strength
- areas in which the person's skills or capacity has deteriorated; e.g., Jesse used to be able to get up in the morning to do his morning routine, but in the last week, the intensity of his depression has meant he no longer gets up until the afternoon
- concerns you have about the person
- details of supports and care strategies you have been using; tasks you have been doing.

Inclusion principles

All support you provide should emphasise the principle of **social inclusion** – when people are connected, engaged and can participate in their local community. The ideal to work towards is that people with mental illness can participate in the community at any point during the recovery process.

Social inclusion
Supporting and building capacity in people so they can participate in the community, enabling them to define their own goals and place within it.

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, and informal connections, such as participation in neighbourhood activities and networks.

The reverse, social exclusion, can occur when people experience discrimination, unemployment, ill health, poverty and family breakdown. Psychosocial disability in particular can cause people to feel excluded from their community because of difficulty maintaining employment, which in turn may lead to poverty, discrimination and stigma. Poverty can be a significant barrier to accessing social and recreational activities or to obtaining resources, such as transport, needed to engage with the community.

Example

Working collaboratively

Marley was diagnosed with OCD when she was 19. For the first few years she wasn't able to work because she struggled to cope with everyday life. She often spoke to her support worker and others at the service she attends about her love for animals, saying her cat was a great source of comfort. After discussing it with her supervisor and colleagues at a case workers' meeting, Marley's support worker suggests that she volunteer at her local animal shelter.

Marley likes the idea and starts doing a couple of hours a week. She finds she loves the work and feels supported and welcomed by the other people who work there. The collaboration between Marley, the employer, the supervisor and the support workers means that Marley's self-esteem and sense of purpose in life increase to the extent that she now rarely considers her disorder.

Practice Task 10

Question 1

Briefly explain the meaning of collaboration.

Question 2

Which of the following statements are correct? Select yes or no for each one.

a. Social justice refers to the equal distribution of resources within society.	Yes / No
b. According to the principle of social inclusion, people with mental illness have to participate in their local community.	Yes / No
c. Participation in employment could be a form of social inclusion.	Yes / No

3B Work in ways that uphold the person's rights

Honouring and upholding a person's rights underpins all the support you provide to a person with mental illness.

People with mental health needs have rights and responsibilities, and so do support workers, their supervisors, other employees and people who are part of the support network. You should discuss workplace health and safety with your client. They should be made aware of specific mental health legislation and what it says about their rights.

Your client should also be involved in all decision-making. This reinforces their right to social inclusion and to be protected by mental health and other forms of legislation that protect people's rights.

You need to be aware of your legal and ethical responsibilities when supporting people with mental health needs and psychosocial disabilities. These are outlined in government legislation as well as organisational policies and procedures on discrimination, dignity of risk, duty of care, human rights, informed consent, mandatory reporting, privacy, confidentiality and disclosure. Legislation also supports your rights as a worker, and those of your supervisor and colleagues.

Work health and safety

All workers must understand and comply with the workplace health and safety legislation of their state or territory. Employers and staff at mental health and other community services have a legal obligation to take reasonable steps to keep themselves, and 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 if clients are experiencing emotional distress or a mental health crisis, they are supported with strategies to keep them safe. Support workers must work within the scope of their role and know the boundaries of their role. If there are tasks or issues that arise that require more experienced workers, support workers have a responsibility to contact their supervisor and not work outside of their job role.

If clients are exposed to harm from hazards, the worker and the organisation must take action to address these harm and hazards; for example, by providing first aid, calling an ambulance or providing appropriate emotional and mental support.

Here are some examples of risks to safety in the community service sector.

Risks to safety
• tripping hazards, such as electrical cords lying across walkways
• manual handling risks
• slipping hazards, such as wet floors or spills
• work stations that are not ergonomically suitable
• stress and burnout
• exposure to aggression, physical or emotional threats
• assault.

Risk assessment

Support workers have a duty of care to not expose those they support, or other service users, to avoidable risk. Workers also have an obligation to report workplace health and safety concerns. Workplace stress is a health and safety issue. If you feel stressed at work, you must raise it with your supervisor so that strategies can be developed to address 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 and community services sector carry some degree of risk. It is the organisation's responsibility to be informed about possible risks and determine the level of risk an activity poses. Assessing risks means understanding the nature of the harm that could be caused, how serious it could be, and the likelihood of it happening.

Questions that help with risk assessment
• What could go wrong? • What is the likelihood that something will go wrong? • What are the consequences that may arise if something goes wrong?

You can also read more about managing risk via the Safe Work Australia website: aspirelr.link/disability-safety-basics

Managing work health and safety risks involves four steps:

Four steps to managing work health and safety risks	
1. Identifying hazards	Find out what could cause harm.
2. Assessing risks	Understand the nature of the harm that could be caused by the hazard, how serious the harm could be, and the likelihood of it happening.
3. Controlling risks	Implement the most effective control measure that is reasonably practicable in the circumstances.
4. Reviewing control measures	Monitor control measures to make sure they are working as planned. Control measures should be selected to eliminate the risk, so far as is reasonably practicable. If this is not possible, risks must be minimised as far as possible.

Control the risks of work

Once the hazards have been identified and any relevant risks assessed, you need to fix the problem. A framework known as the hierarchy of control can be used to reduce or remove risks from any given situation.

The most efficient way of controlling a risk is to eliminate the hazard. If this is not reasonably practicable, the next step is to minimise the risk as far as possible. This can be done by substituting the hazard with something that creates a lesser risk. If that is not possible, isolate the hazard from any person exposed to it, and/or implement engineering controls (see examples below).

The hierarchy of control

Eliminate the hazard
This means getting rid of the hazard completely, for example, cleaning up a spill.
Substitute the hazard
Change the hazard for something less risky, for example, swapping out a cut-throat razor for a safety razor.
Engineering controls
Use special equipment or environment modifications to minimise risks, for example, providing a mobility scooter to an older person with low blood pressure wanting to move about in the community, who has an increased risk of falling due to the low blood pressure.

Administrative controls
Train people to do things more safely, for example, contracting a safe-sex educator to help minimise the risk to someone with bipolar disorder who engages in risk-taking behaviour such as having sex with strangers.
Personal protective equipment (PPE)
Provide PPE, such as gloves, aprons, face shields, masks and other forms of protective gear.

Rights of an employee

When you work at a mental health or community service organisation, your rights include:

- to understand and stay within the scope of your role and your work boundaries
- to be trained and updated on policies and procedures, safe ways of working, how to safely operate equipment
- to be provided with all necessary PPE for your position
- to work in a safe environment; this includes being shown how to manage common workplace hazards; to be provided with equipment that is in safe working order
- to work in an environment free from bullying, discrimination and harassment.

Rights of an organisation

Your employer has rights with respect to you fulfilling your role. They include:

- that you work to an acceptable standard, within your position description, as outlined in codes of conduct and practice
- that you escalate issues beyond your training to a more experienced worker or a supervisor
- that you work safely, including manging hazards and risks, and managing your duty of care and dignity of risk with clients
- that you attend all staff meetings, obligatory professional development and workplace health and safety meetings
- that you never engage in a task or activity that you are not experienced in or are not trained to do
- that you do not bully or harass other workers or clients
- that you do not discriminate against other workers or clients.

Children at work

You may work at a service that provides support to children and/or there may be times when it is necessary to have children in the workplace. The service will have organisational policies and procedures to ensure the safety and wellbeing of children while they are in the workplace. Children are also protected by health and safety laws.

If your role involves working with children, you must:

- obtain consent from a parent or caregiver for you to work with their child
- describe the type of support, programs, and activities you provide for children
- use language and strategies that support the child's social, psychological, cognitive and physical development
- follow your state/territory's laws on the mandatory reporting of child abuse/neglect
- speak to your supervisor about any unusual behaviours or disclosures from a child
- understand and fulfil your duty of care towards the child.

Example

Managing risk with children

Stacey is a support worker at an organisation that supports children with disabilities at an after-school program. It is Stacey's role to take care of the children, run activities and clean up after the children have concluded the program for the day.

During the program design phase, all the support workers came together to design fun activities for children with a wide range of disabilities and additional needs. They considered the hazards and the risks the children may encounter and did a risk assessment of the hazards. They put control methods in place and documented the risk assessments according to the organisation's policies and procedures. They designed activities which all of the children could engage with and complemented their social, cognitive and physical development. They also came up with behaviour management strategies to support the children to engage in safe and positive behaviours.

Breach of standards

Fair Work is the federal government organisation that oversees work health and safety. Each state and territory also has their own government-run work health and safety organisations that oversee activities in each state. If organisations and individual workers breach work health and safety laws, there are various possible consequences. The most common consequence for breaching work health and safety standards is a fine.

However, if a support worker openly disregards their duty of care and a client they care for is injured or killed, the support worker could be charged with negligence and have to undergo criminal or civil court proceedings. The organisation that the support worker is employed by will also investigate the incident and the support worker may be stood down, depending on the outcomes.

Mental health Acts

Each state and territory has a mental health Act which governs compulsory mental health assessment and treatment.

For example, 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 illness. It appoints various 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.

Mental health standards

The *National Standards for Mental Health Services 2010* (NSMHS) outline the aims for improving the quality of mental health care in Australia.

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

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.

Australia has a federal policy that outlines attitudes, values and policies around the delivery of services to Australians facing mental health difficulties.

You can read about the policy here: aspirelr.link/national-mental-health-policy

A number of practice guidelines have been developed in response to state and federal policies about different groups of people. Practice guidelines provide standards of care and standards of service delivery. They outline how support workers should work with all clients.

Aged Care Quality Standards

The Aged Care Quality Standards apply to government-funded care aged care providers.

There are eight standards, which include the consumer outcomes, that must be met.

Standard 1: Consumer dignity and choice
Reflects concepts that recognise the importance of a consumer's sense of self. It highlights the importance of the consumer being able to act independently, make their own choices and take part in their community. These are important in fostering social inclusion, health and wellbeing.
Standard 2: Ongoing assessment and planning with consumers
Describes what organisations need to do to plan care and services with consumers. The planned care and services should meet each consumer's needs, goals and preferences, and optimise their health and wellbeing.
Standard 3: Personal care and clinical care
Describes that consumers and the community expect the safe, effective and quality delivery of personal and clinical care. This standard applies to all services delivering personal and clinical care specified in the *Quality of Care Principles 2014.*
Standard 4: Services and supports for daily living
Explains that a consumer might have some challenges in their health and abilities, but they still have goals they want to achieve. They also have roles that have meaning, and they want to manage their day-to-day life and live as well as they can. Services and supports cover a wide range of options that aim to support consumers to live as independently as possible and enjoy life.

Standard 5: Organisation's service environment
This applies to the physical service environment that the organisation provides for residential care, respite care and day therapy centres. It aims to make sure that the service environment, furniture and equipment support a consumer's quality of life, as well as their independence, ability and enjoyment.
Standard 6: Feedback and complaints
The organisation must have a system to resolve complaints. The system must be accessible, confidential, prompt and fair. It should also support all consumers to make a complaint or give feedback.
Standard 7: Human resources
Requires an organisation to have and use a skilled and qualified workforce sufficient to deliver and manage safe, respectful and quality care and services.
Standard 8: Organisational governance
The intention is to hold the governing body of the organisation responsible for the organisation and the delivery of safe, quality care and services.

More information on the Aged Care Quality Standards can be accessed at: aspirelr.link/aged-care-quality-standards

Trauma-informed practice

Trauma-informed practice in the mental health and disability area is becoming more widely understood and adopted. You may find that your organisation requires you to do additional training to upskill in trauma-informed practices.

What does it mean to be trauma informed? It means to understand that:

- symptoms of trauma and PTSD can look different in each person experiencing them
- sufferers have either experienced one trauma or many traumas
- the term 'being triggered' is one way of explaining that someone has had a strong emotional reaction to a previous trauma, leading them to over- or under-react to the current situation or context
- when the person is triggered by a past event, it is important to stay calm and support them through what they are currently feeling.

Trauma-informed practices refer to a range of strategies that support the person to return to the present moment and get back to feeling themselves. Trauma-informed practices can look like:

- taking the time a person needs to calm down
- knowing a person's triggers and avoiding them if possible
- encouraging positive coping skills that help a person calm down, such as playing a game, watching a favourite show or listening to a favourite song
- encouraging positive lifestyles, such as sleeping and eating well, taking a break when tired or stressed, and only doing what the person is capable of on a given day.

The Blue Knot Foundation is one of Australia's leading organisations on trauma and trauma-informed practice. Read more about it at: aspirelr.link/blue-knot-resources

Example

Manage risk at work

Sidney is an older man who has bipolar disorder and some mobility issues. Yachi has been supporting Sidney each weekday to do personal care tasks and to assist him with lunch. Sidney says to Yachi that he would like to have lunch at the local park, which is only a block away from his house. Yachi considers what they will need in order to have lunch outside, and also what risks Sidney may face personally by walking to the park and sitting at the park. Sidney has recently had a couple of near misses with his walking stick, in that he has slipped and nearly fallen over.

Yachi recommends to Sidney that they take his walking frame, instead of the walking stick. Sidney agrees. As they walk to the park, Yachi carries the food and they both keep an eye out for uneven surfaces and trip hazards. When Sidney feels like he needs a rest, he sits on the walking frame for a few minutes.

Practice Task 11

Question 1

Briefly describe what kinds of strategies a worker should use when they are working with children.

Question 2

Which of the following statements are correct? Select yes or no for each one.

a. Employers have a responsibility to ensure that where a hazard cannot be controlled, workers are provided with an alternative method for managing that hazard.	Yes / No
b. Workers' responsibility for health and safety only extends to clients, whereas organisations are also responsible for the health and safety of visitors.	Yes / No
c. Workers have the right to openly express their personal values and beliefs in the workplace.	Yes / No
d. Employers have the right to expect employees to work within their position description.	Yes / No
e. The most common consequence for workers who breach work health and safety laws is being stood down from their job.	Yes / No
f. Individual states and territories in Australia have their own mental health Acts.	Yes / No
g. The first step in managing work health and safety risks is to assess risks.	Yes / No

3C Adapt service delivery to meet their needs

Adapting service delivery to match the changing needs or circumstances of your clients is part of the job.

People's needs and goals may change, or their life circumstances, such as employment or accommodation, may change. As a support worker, you need to collaborate with your client and others to solve problems and make sure that their needs and rights are met.

Service delivery for a client can include:

- the strategies and information included in their Individual Support Plan and/or Behaviour Support Plan
- the range of services that your client is entitled to and eligible for from your service
- the different professionals the client has access to see at your service.

You will deliver services in collaboration with your co-workers and supervisor. As you become more experienced, the amount of supervision you require will lessen.

Decisions made about altering service delivery should be made collaboratively with the person with mental health needs. This process requires input from your supervisors, fellow support workers and other professionals in the support network, as required. Position descriptions, job roles and organisational policy and procedures all provide guidance on the level of autonomy workers have in implementing changes to services. Minor changes to the delivery of a service may be made by a support worker without consulting with or getting permission from their supervisor if organisational policies and procedures allow for this.

In any case, follow your organisation's policies and procedures for recording changes in a person's condition or circumstances, and for adding, removing or altering the services they receive, as well as for referring them.

Variations to service delivery may include:

- amending or replacing recovery goals
- ceasing a strategy
- implementing a new strategy
- changing external service providers
- changing the resources allocated to support the person.

Adapt service delivery to meet the person's needs

Recovery plans and support plans must be dynamic, flexible and modifiable to reflect changes in the person's circumstances. Circumstances can change in a number of ways that affect a person's mental health and their care and support needs. Here is a summary of some of the changes a person might experience.

Change	Details
Mental health	As a person's mental health improves, they may become less reliant on services and support. If their condition worsens or they develop new conditions, they will need increased support. Their ability to recognise, manage and/or seek assistance with symptoms will also fluctuate over time.
Dual diagnosis	This term refers to people with mental illness who also have a substance abuse issue. People with alcohol and drug dependencies may experience a relapse. Others may turn to drugs or alcohol for the first time in an attempt to deal with the symptoms of their mental illness.
Physical disability/ condition	A client with a physical disability or condition may experience changes in their condition which lead them to need more or fewer physical supports.
Change of living or care arrangements	The person they live with may move out or pass away, reducing the amount of support the person has in the home. Alternatively, they may move in with someone else, decreasing their support needs. A person's regular carer may change or move away.
Financial	A person may experience a life change that puts them into financial precarity. They may have issues with debt or gambling. Their spouse or partner may stop working or they may no longer be eligible for financial support from the government.

Respond to changes

It is your role to work with the team to respond appropriately to changes by reducing, increasing or adding to the supports that the person requires. You need to work collaboratively with the person and others in the support network to adjust the recovery and support plan. Recovery and individual support plans must be adjusted as soon as possible to improve outcomes for the person.

Here are some examples of changes to service delivery.

Offer additional services
Lee, a young adult with a mental illness and an intellectual disability, has relied on his mother to cook his meals. She has recently passed away. Meals on Wheels are engaged to make sure he is fed while he receives training in living skills.

Modify the current services
Carole has been receiving one-to-one counselling for depression. This service is modified to include group counselling and peer support.
Offer different services
Nina has been participating in a walking group to improve her physical and mental health. Now that it is winter, she finds it too cold to exercise outside. She attends water aerobics at the local heated indoor pool instead. Her need for companionship and exercise are met in a different way.
Use a different service provider
Chen is unhappy with his current psychologist. He feels the psychologist does not listen to him properly and has no understanding or respect for his culture. An alternative provider with better cultural competence and more experience working with CALD people is selected.

People with psychosocial disabilities and mental health disorders will need additional supports if and when their condition changes. You need to support them to contact their treating professionals or come up with an urgent plan to support them.

Signs their condition is changing	Intervention needed
Signs and symptoms are becoming worse despite treatment and intervention. New signs and symptoms are developing.	• Review from doctor, psychiatrist, clinical psychologist and mental health nurse.
Experiencing additional life stressors such as: grief and loss, financial difficulties, legal issues, caring, parenting, lack of social support.	• Review from doctor, psychiatrist, clinical psychologist and mental health nurse. • Appointment with case manager or social worker to navigate new circumstances. • Referral to additional programs that foster social inclusion and support.
Experiencing a mental health crisis or episode, or they are very distressed and feeling out of control.	• Urgent intervention from CATT team; psych triage service; emergency department, call ambulance.
Prescribed medications are no longer working.	• Review from doctor and/or psychiatrist.

Update new details according to policy frameworks

When the person has agreed to and is happy with the new arrangements, you must record the changes according to your organisation's procedures, which will be outlined in their policy framework. Like everything in the individual's plan, expected outcomes and responsibilities of different people must be clearly documented and communicated to all people concerned.

Procedures for changing a recovery plan
Seek feedback from the person
Research alternatives
Brainstorm alternatives with the person
Draft the changes
Discuss the draft with the person and their advocate or relevant others
Formalise the new recovery plan
Implement the new recovery plan
Monitor and review the new recovery plan
Make further adjustments if required

Example

Adapt to changing circumstances

Alyssa is a young woman with bipolar disorder. Recently, she has been the victim of family violence. Her support worker, Jacinta, refers Alyssa to a service provider that specialises in supporting women to leave violent relationships. Managing this situation and finding new accommodation is Alyssa's immediate priority. Her recovery/support plan is amended to reflect these changes.

Practice Task 12

Question 1

Identify three variations to service delivery that may be required to meet a person's needs.

Question 2

Which of the following interventions would be appropriate if a client is developing new symptoms? Select all that apply.

- ❑ Review from a psychiatrist
- ❑ Urgent intervention from CATT team
- ❑ Calling an ambulance
- ❑ Review from a mental health nurse
- ❑ Appointment with social worker

Question 3

Describe two examples of how adapting services to meet clients' needs can support their empowerment and recovery.

Question 4

Which of the following statements are correct? Select yes or no for each one.

a. If a client is feeling distressed and out of control, the most appropriate response would be to request a review from their doctor.	Yes / No
b. If a client is experiencing additional stressors, one appropriate response would be to set up an appointment with their case manager.	Yes / No
c. The only circumstance in which it would be appropriate to request a psychiatrist review would be if their symptoms are getting worse.	Yes / No
d. Any changes made to service delivery must be documented according to policy frameworks.	Yes / No

3D Document interactions and services according to policies and procedures

Documenting all interactions with your clients is an important part of the job.

There are legal requirements for collecting information and reporting, storing and access of documents. Clients must have their right to privacy and confidentiality upheld. The records management system of an organisation should have this incorporated into their operations.

Support workers are responsible for documenting information about the services being delivered to people. This documentation must be completed in the manner that reflects the policies and procedures of the organisation. Check with your supervisor if you're unsure where to locate the relevant documents. While there are similarities in information management between organisations and common standards for record-keeping, each service will have its own protocols that must be followed.

Information must be documented so that:

- there is a record of what action was taken during service delivery
- the progress of the client can be monitored
- fill-in workers can read up on notes to be able to provide continuity of care
- files that form admissible evidence in court meet professional standards, maintain the reputation of the organisation and endure legal scrutiny.

Notes and records

Every client receiving support has an information file, referred to as case notes or file notes. They may be handwritten and stored in hardcopy format, or electronically recorded and filed.

Here are some guidelines to follow when writing case notes.

Be objective	Only report the facts and don't include opinions or assumptions.
Be concise and precise	Be concise and only report relevant information. Be accurate in what you report.
Be clear	Other people will be reading your notes perhaps months or years after you have written them. Write in clear simple sentences, using plain English.

Be timely	Write your notes as soon as possible. When you're busy, it is easy to forget the details between one client and the next.
Ensure notes are complete	Write concisely, but don't leave out anything important. By omitting relevant information, you may diminish the quality of support because decisions cannot be made effectively.
Write neatly and legibly	If notes must be handwritten, write as neatly as possible, keeping in mind that other people need to be able to understand them!
No personal abbreviations	Your supervisor will advise you on the approved abbreviations or acronyms to use. Don't use personal abbreviations.
Date	Each entry in a person's file should be dated. Also specify whether the information is gathered in-person or by telephone conversation/text message.
Correspondence	Each time you speak to the person or another party such as an external service provider, or send or receive correspondence, make a brief note in their file.
Don't judge	Be respectful at all times. Don't let opinions or judgments creep in. Other people have access to the files, including the person, their family and carers.

Objective and factual reporting

Reports and documents must use objective language based on fact and observation. Objective language records what you have seen or heard, or otherwise observed. Subjective language is based in feelings, opinions and personal judgments. Objectivity is important for accuracy and accountability; it ensures that people are described as accurately as possible and not subject to people's judgments, stereotypes, assumptions or opinions.

Subjective language	Objective language
Mrs Smith seemed depressed.	Mrs Smith did not make eye contact during the whole conversation. She cried and said she didn't want to get out of bed. OR Mrs Smith said, '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.
It seems that Mr Thompson is at the point where he needs full-time care.	Mr Thompson requires full physical assistance with all aspects of personal care, grooming and meal preparation.

Know what information to document

Information that frequently needs to be collected and documented is included in the following table.

Information required
• **Basic details**, such as name and contact details for the person and other relevant parties
• **Case history**, such as background information, description of the presenting problem and diagnosis, previous experience with service delivery and the mental health system
• The person's **progress** against the recovery plan, such as goals, strategies, actions taken to date and milestones reached
• **Difficulties** the person is having in meeting their recovery goals, and actions taken to address these difficulties
• The person's **concerns** or challenges they are experiencing 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 **consent 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 actions** so as to remind the mental health worker and the person what actions they have agreed to take and when

File documents according to organisational procedures

Information should always be kept in safe and secure areas. Electronic record management systems must be password protected to ensure access is limited. 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 or unauthorised staff members. You must always follow organisational procedures for filing information to ensure that information is not lost and can be readily retrieved by authorised personnel.

Example

Basic file notes

28/02/2023

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 slow.

05/03/2023

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.

Ming has an appointment with Dr Flynn tomorrow.

Meeting cut short as Ming wanted to return home.

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

Practice Task 13

Question 1

Briefly explain why it is important for documents to be filed according to organisational policies and procedures.

Question 2

Which of the following do organisations typically require workers to document about clients? Select all that apply.

- ❑ Previous experience with the service system
- ❑ The client's level of education
- ❑ The client's reported difficulties with achieving goals
- ❑ The client's diagnosis
- ❑ The client's interaction with other services

3E Respond promptly to people experiencing distress or crisis

When a person is in crisis or experiencing distress, prompt, appropriate action must be taken.

As a support worker you need to meet the immediate needs of the person experiencing the crisis or episode, while acting according to organisational procedures and WHS guidelines. Many organisations consider a mental health crisis to be a critical incident or emergency that requires immediate intervention.

If a person experiences distress or crisis, the service organisation and staff need to be able to act promptly to support the person in need. Always consider your work role boundaries and make referrals if necessary, according to the scope of your role and the person's needs.

Services offering support to people with mental illness have a duty of care to staff and the people they support. They are required to provide a safe workplace/service environment. Every organisation must have a safety policy that reflects legal requirements and service or accreditation standards. It is your responsibility to understand your organisation's procedures for responding to emergencies/critical incidents. Organisations may define critical incidents using slightly different terms.

Below are examples of policies that specify what should be done in an emergency/critical incident.

A policy on safety protocols and incident prevention in support work
• Keep accurate, up-to-date records about where workers are when in the community or on home visits. • When a visit may pose a safety risk, two staff members must attend the venues. • PPE must be used in all settings listed in the WHS policy. • Hazard/risk assessments are to be performed prior to support workers taking clients into public areas.
A policy for responding to critical incidents and emergencies
• All staff are to have access to a mobile phone at all times during shift. • After-hours and on-call support to be provided. • All clients are to have a predetermined safety plan as part of their support plan. • Follow the order of notification in case of critical incident: Call 000, then notify manager, then complete an incident report form. • All employees have access to critical incident debriefing and employee assistance programs (EAP).

A policy regarding security

- Use of worker's surnames and phone numbers to be restricted.
- Key registers and alarm codes available to registered personnel.
- Overnight parking of the organisation's cars to follow the transport policy.

Designing and activating a safety plan

A safety plan is a pre-determined sequence of steps to be activated when a person is experiencing distress, or a mental health crisis or episode. They are designed to keep the person safe, as well as those around them. A safety plan should be devised when the person you are supporting is calm and able to talk through their wishes, needs and preferences. A safety plan should include steps to take when the person is alone and when they have access to support. A safety plan needs to consider how likely the person is to reach out for help. If the person is unlikely to reach out when they are in crisis, the plan needs to accommodate this.

Who needs a safety plan?

Clients who experience mental health crises and episodes should have a safety plan. These include:

- Clients whose emotions can escalate very quickly, moving rapidly from being relatively okay, to feeling extremely distressed and out of control.
- Clients who experience frequent suicidal ideation. Suicidal ideation includes thoughts about suicide, a plan of how to attempt/commit suicide, a time frame of when they will attempt suicide. Thoughts of suicide on their own do not constitute a mental health crisis as this is quite common. However, if a person becomes extremely distressed by those thoughts of suicide, or has a plan and a timeframe, it is considered to be a mental health crisis.
- Clients who have previously attempted suicide.
- Clients who experience psychosis and/or have a range of mental health disorders such as: bipolar, schizophrenia, borderline personality disorder. A safety plan can help them to stay safe during a psychotic episode.
- Clients who have self-harmed to the point where they need urgent medical attention.

What should a safety plan include?

A safety plan should include:

- A list of triggers that may result in a mental health crisis, episode or experience of distress, and strategies for addressing those triggers. For example: a client starts feeling distressed when they speak to a parent who abused them.

- Self-soothing strategies that help the person to feel calmer and more grounded and can be used to de-escalate strong emotions. Examples include: hugging a pet or favourite teddy bear; putting on soothing music or a television program; having a good friend there.
- Who should be contacted if the person experiences mental health crisis or episode, for example: a person's spouse, carer, parent or psychiatrist, the emergency department, Lifeline, or a Crisis Assessment and Treatment Team (CATT).
- A pre-determined circumstance or moment that indicates it is time to go to hospital or call an ambulance. Examples include: if a person is not responding to self-soothing strategies; if their psychosis is getting worse; if the person is going to hurt themselves or someone else.

How should you respond to a mental health crisis or episode?

- Take the mental health crisis or episode seriously.
- Stay calm.
- Don't react with your emotions or words.
- Don't leave the person alone.
- As far as possible, don't let the person wander the streets alone. If they run away and you fear for their safety, call the police immediately.
- Assist them in activating their safety plan.
- Make the necessary phone calls if required.

What should you do after a mental health crisis or episode?

- Document the incident, for instance on an incident report form. Update the information in the client's file or support plan, detailing the incident.
- Debrief with your supervisor – consider what you did well and what you may need more training or supervision in.
- If you feel distressed by the incident or are concerned about your own mental health, talk to your supervisor and consider seeing your doctor or therapist.
- Engage in self-care and self-soothing activities. Take care of yourself.
- Stay connected to your social support system.
- When you see the person you supported through the crisis or episode, discuss with them what worked and what didn't, and make any necessary changes to their safety plan/support plan. Only discuss this with the client if they are in the headspace to do so.

Example

Activating a safety plan

Anton has complex PTSD, depression, and anxiety and sees a psychiatrist to help treat his conditions. Anton lives by himself and experiences flashbacks to the abuse he suffered as a child, which he finds intense and distressing. Anton often finds himself becoming suicidal after these flashbacks. He has come close to attempting suicide several times because of the level of distress he feels.

His new in-home support worker, Zahra, suggests that they work together on a safety plan to keep Anton safe when he experiences suicidal ideation after a flashback. They discuss who he can call and ask to come when he is alone. Anton mentions that his neighbour, Brian, is a good friend and would be willing to come over when he is alone.

They also discuss self-soothing and calming strategies that Anton can use when his emotions start to escalate. Anton mentions that he enjoys watching comedy channels on YouTube and that they calm him down and improve his mood. After Zahra began supporting Anton at home, they had several opportunities to use the safety plan. One time when Zahra was not there, Anton called his neighbour Brian who came over to be with him.

Zahra and Anton regularly discuss the safety plan to make sure it is working for Anton.

Common health problems and behavioural issues

Common health problems and behaviours of concern must be considered when developing support plans and safety plans. Different disability types have different health problems and behaviours of concern associated with them. Even so, it is vital to consider the individual needs of the person and avoid making assumptions about their care needs.

Behaviours of concern

A behaviour of concern is a behavioural reaction that puts the person, or someone in the vicinity, at risk of harm, injury or death. They can also be behaviours that cause the person's physical or mental condition to deteriorate. Here is a list of a range of behaviours of concern:

- self-harming, for example: cutting, head banging, picking at one's skin, attempting suicide, overeating
- destructive behaviours, for example: property destruction, damaging equipment

- refusing behaviours, for example: refusing to take medication, refusing to listen to instructions and therefore causing risk of injury, refusing to attend to personal care needs, (i.e., not eating, not showering, not getting out of bed)
- avoiding behaviours, for example: hiding, panicking and putting themselves in danger, excessive drug or alcohol use
- hurting or threatening to hurt others, for example: pushing, slapping, punching, kicking, throwing things
- behaviours that put the person at risk of arrest, for example: property destruction, stealing, sexual assault, driving without a licence, graffiti, assaulting others.

Challenging behaviours

Clients often engage in challenging behaviours, which are not considered as severe as behaviours of concern. Challenging behaviours are those where the client is not at risk of harm, but is nevertheless creating a barrier to them engaging and participating in their support plan, activities or everyday life. Challenging behaviour can look like:

- extreme frustration
- excessive stubbornness and recalcitrance
- occasional swearing and yelling
- refusing to participate in activities
- difficulty transitioning from one activity to another
- arguing.

Communication and support strategies for challenging behaviours and behaviours of concern

Strong emotions, challenging behaviours and behaviours of concern do not appear out of nowhere. They are most likely the result of specific environmental factors and a person's attempt to communicate something important, including that they're not okay. Clients who have difficulty managing strong emotions, or who ongoingly demonstrate challenging behaviours or behaviours of concern often do not have the skills needed to regulate their emotions or communicate effectively in words. This is especially true for clients with intellectual disabilities and developmental/behavioural mental health disorders. This is where people need genuine support and assistance, not to be shamed and punished.

Here are some communication and interpersonal strategies to use with clients who have various physical and psychosocial disabilities, and mental health disorders. They can be used to de-escalate challenging behaviours and behaviours of concern.

- Get to know the client and their family and carers. Having a good relationship and strong rapport can mean the difference between minor challenging behaviours and severe behaviours of concern.
- Seek out training and advice from your co-workers and supervisors if you are struggling to manage some behaviours of concern. They may have a wealth of experience and be able to offer some excellent strategies.
- Follow the Individual Support Plan, Behaviour Support Plan and any advice from allied health professionals or behaviour support practitioners.
- Be a good role model. Role model respect, kindness and care towards self and others.
- Do not punish the person. These will only make behaviours of concern worse.
- Get to know the client's behavioural triggers and form strategies to avoid and manage them.
- Be calm and manage your own emotions. Clients' behaviour tends to escalate if you react emotionally towards them.
- Take a break. If things are escalating, suggest that you both take a break and do something soothing or calming.
- Create a distraction. If a client is beginning to escalate, try to distract them with a song, funny videoclip or game, or a change of scenery.

Do not ignore behaviours of concern. They are happening because the person is struggling to manage their emotions or trying to communicate something. Behaviours of concern rarely happen to 'get attention'. This explanation for behaviours of concern is a myth.

A skills assessment can help you to understand what a client can and cannot do. Offering support when someone is genuinely struggling with a task can reduce the severity and number of behaviours of concern. You may be trained to do a skills assessment, or can ask another staff member to do it.

Strategies recommended by behavioural support practitioners can take time to implement, especially if the client has an intellectual disability or cognitive impairment. It may take them a long time to learn a replacement behaviour, so be consistent, be kind, be patient and be in it for the long haul!

De-escalating behaviour

Some organisations may have designated staff members who have been specifically trained to de-escalate behaviours that threaten the safety of the person or others. When there isn't such a designated staff member, you may need to take the initiative yourself to assist the person to de-escalate their behaviour.

De-escalating behaviours

- take the person to a physically safe place for a talk
- stay calm and speak in a level and reassuring voice
- use short, clear, direct sentences
- do not raise your voice
- listen to what they are upset about, be empathetic and offer solutions
- try to distract the person and get them thinking about something else
- stay out of their reach if there is the potential for injury
- do not enter their personal space, as it may feel threatening to them
- keep yourself and the person as safe as possible
- call for help from co-workers, carer, supervisor or the police, if necessary.

Example

Addressing behaviours of concern

Erin is 19 and has Autism, anxiety and depression. She attends a disability day service four days a week. When Erin first started coming to the centre, the support workers worked with Erin and her mother Eileen to establish her individual support plan.

The support plan included a behavioural support plan to keep Erin safe when she struggles with social interactions. Eileen explained that when Erin disagrees with people, she often bangs her head on the wall to the point of making her head bleed. Eileen explained that it is best if Erin is only put into activity groups with one other person that she gets on well with, and if she does start banging her head, to get out her sensory toys to calm her down.

The support workers at the centre keep a close eye on Erin and pay attention to what happens just before she starts to bang her head. They notice that when Erin raises her voice and starts slapping her face, it is time to go into their specialist sensory room to distract her from what is upsetting her and avoid things escalating further.

Practice Task 14

Question 1

When is the best time for a support worker to develop a safety plan with a client?

Question 2

Which of the following should be the immediate response if a support worker fears for the client's safety? Tick the correct response.

- ❑ Call their supervisor
- ❑ Call the police
- ❑ Consult their safety plan
- ❑ Engage in self-care
- ❑ Contact the client's family

3F Work within your limits and refer people when necessary

Community services workers have clearly defined work roles and must stay within the scope of their job, seeking assistance and referring clients where necessary.

As a support worker, you should always be mindful that you have a legal and ethical responsibility to only provide assistance within the parameters of your job role, experience level and degree of competence. You must be able to establish boundaries with the people you support, and when necessary, you must seek outside assistance from your supervisor, co-workers or other health professionals. For your wellbeing, as well as the wellbeing of the people you are supporting, you must always work within your role.

Work roles clarify what you are responsible for when supporting a person. For example, if a person needs support with their nutrition, it is likely to be in the work role of their support worker to:

- help the person plan, shop for and cook healthy meals
- prepare food for the person
- find a service that can support the person by delivering ready-cooked meals.

Your role and responsibilities will be clearly defined in your position description. There are limits to work you do as a support worker, especially when it comes to the care and treatment of mental health disorders. You won't have the skills, knowledge or training to provide all the support a person requires.

Performing tasks outside of your work role may constitute a breach of duty of care, and may cause injury or harm. You must be able to identify when a person requires assistance beyond your capacity, what type of service is required and how to access that service.

Work role boundaries

Boundaries
Guidelines, rules or limits that help you to behave in an ethical way and separate your professional from your personal life.

Boundaries are personal or professional limits that are set in order to protect people's rights, create healthy personal space, and identify reasonable, safe ways for people to behave. They establish acceptable workplace behaviour and put limits on what is appropriate by way of communicating and working with others. Boundaries help you and your colleagues understand your individual roles and responsibilities.

You will find certain boundaries outlined in workplace documents, such as your position description and the policies and procedures of the service. You can also discuss workplace boundaries with your supervisor who can explain what they are and why they are important; for example, what information can be shared with family members.

To maintain professional work role boundaries, you need to be aware of how you speak and work with others, and what is appropriate to say and do in certain situations.

Work role boundaries are about:

- being professional
- being friendly, but not overly friendly
- maintaining confidentiality
- respecting differences of opinion
- ensuring clients also understand what the boundaries are.

Refer problems outside the scope of your 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 role restrict the actions you are legally permitted to 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 from a supervisor, more experienced work colleague or health care professional. Health professionals such as nurses in community health centres, social workers, OTs, psychiatrists, psychologists, drug and alcohol workers, and leisure and health officers might all be useful referrals.

It is not always easy to know what the person might need, or how their needs can be met.

You might consider:

- What is the problem?
- What has caused the problem?
- Who might be able to help?

Physical health situations beyond your role

Situations may arise in which your client develops physical health issues that are beyond the scope of your role to deal with. In situations where additional support is required, you need to report it to the relevant person in your organisation, such as a team manager or supervisor.

For example, your client falls in the bathroom and you have not completed manual-handling training. Attempting to lift the person without the proper training could cause more harm to them, and you could injure yourself. In this situation, you should call an ambulance so the person can be lifted safely and have any injuries treated. If in doubt, check with your supervisor.

Example

Report health issues beyond the scope of your role

Jessica is working with Larry, a war veteran, and his wife Lynda. Lynda approaches Jessica and says that Larry has been having disrupted sleep, night terrors and mood swings since returning from service. She asks Jessica for advice on how she should deal with the situation, as it is affecting Larry's health. He is losing weight and is tired all the time.

Jessica is aware that providing advice on these matters is outside the scope of her job and her expertise. She acknowledges Lynda's feelings by saying, 'It sounds like this is causing you a lot of concern. Would you mind if I speak to my supervisor for some suggestions?' Lynda accepts this offer and Jessica discusses the situation with her supervisor.

Mental health situations beyond your role

Clients with psychosocial disabilities and mental health needs may experience many issues that require complex interventions and treatments. Such clients are likely to require more support than the basic emotional and practical support that you are able to provide to them. They may have psychiatrists and psychologists who have input into their care. They may also need more monitoring of their emotional and psychological health and wellbeing, which can only be done by a registered nurse, mental health nurse, psychologist or doctor.

Here are some examples of when you would need to refer a mental health situation:

- Your client reports that they are seeing, hearing, or feeling things that are not there.
- They are more depressed or emotional than usual.
- They are not coping with their current life situation.
- They begin talking about wanting to die or to not be around anymore.
- Medications for psychiatric treatment are not working the way they have previously.
- Your client is experiencing significant memory issues.
- There is evidence that they are self-harming.
- They are concerned about the mental illness symptoms they are experiencing.

Refer work tasks outside of your job role

All support workers in community services report to a supervisor or more experienced staff member. Because of the diversity of the roles and services offered, this person could be any type of professional, depending on the workplace. When you begin your role, make sure you understand who you must report to when physical and mental health issues arise while you are supporting a client. Your organisation will also have policies and procedures for how you escalate different work situations to the correct person, and documentation to fill out in response to the situation.

The table below highlights some common situations you may encounter in community services, who to escalate them to and what documentation needs to be completed:

Type of work situation	Who to escalate this to	Organisational documentation to complete
Situation requiring basic First Aid (For example: trips, bee stings, strains)	• First Aid Officer, supervisor, EN, RN	• Incident report form • Critical incident report form
Medical emergency (For example: medication error, collapse, suspected stroke or breathing difficulties, anaphylaxis, exposed bones)	• First Aid Officer, supervisor, EN, RN • Ambulance, if you are alone with the client	• Incident report form • Critical incident report form
Behavioural event	• Supervisor, EN, RN • Behaviour support practitioner • Social worker • Psychologist	• Incident report form • Case notes in the client's file or support/ care plan

External referrals

Support workers may need to refer a person to another service to assist their recovery process further. When referring a client to a service provided by an external agency, it is called an external referral.

There are usually many alternative referral options available. It is a good idea to understand the range of common services outside your organisation who assist clients with a range of issues.

Internal referrals

Many organisations employ or contract a range of professionals who work with clients in different ways. When referring a client to one of these in-house professionals, it is called an internal referral. To make an internal referral you need to understand:

- what the different professionals in your organisation provide for clients
- what the eligibility criteria are.

There may be specific criteria that a client needs to meet in order to be referred to a particular professional. Familiarise yourself with these criteria in order to reduce disappointment for your client. For example: the psychologist only sees people with a mental health plan from their doctor; the case manager is only available for clients engaged in specific support programs.

Example

Refer client to an external service

Chung is a support worker for a family support service. She has been supporting Violet and her son Milo for several months through a range of family and social programs provided by the centre. Violet attends playgroup with Milo and tells Chung that she is now homeless due to an argument with her partner the night before that ended with her and Milo leaving. Violet says she needs help finding emergency accommodation. Chung gives Violet the numbers of the emergency housing providers in the local area.

Example

Refer client internally

Anna works at a drop-in service for homeless people. The services that the organisation provides are: lunch and dinner served in-house; snacks to take away; a fully functional laundry; bathrooms with showers; various activities in an activity room; and access to a psychologist, doctor and registered nurse three days per week. Dylan is a regular who drops in most days during the week to use the facilities. Dylan tells Anna that he is still feeling generally unwell and fatigued after getting the flu. Anna refers Dylan to the nurse for a basic medical check-up.

Practice Task 15

Question 1

Explain how support workers can respect work role boundaries when working with clients.

Question 2

Identify two documents that a worker can consult if they are unclear about the boundaries of their role.

Question 3

Ben is 19 years old and has been living with complex mental health needs for the last five years. His latest recovery plan, developed two months ago, states that he would like to access supported employment opportunities. Ben's support worker is new to the organisation and feels that offering supported employment opportunities is outside of her work role and level of experience. What should she do to uphold Ben's rights and what organisational procedures must she follow to refer him?

Summary

- Social inclusion of people with mental illness helps to challenge negative stereotypes and stigma. It shows that people with mental health needs can contribute significantly.
- Always use a collaborative approach when providing support.
- Always uphold your clients' rights and make sure you explain those rights.
- Work health and safety is everyone's responsibility and concern.
- When your clients' circumstances change, they may require more, fewer or different services. Follow procedures and work together with the appropriate people to make adaptations.
- Recovery and support plans need to be flexible to respond to changing circumstances.
- Case notes are legal documents and need to be prepared in a professional manner according to the organisation's procedures.
- The storage and access to personal records must follow policy and legislative frameworks, such as privacy and confidentiality laws.
- Respond immediately when someone is experiencing distress or a mental health crisis or episode.
- Always work within your work role and boundaries, referring as necessary when you require outside expertise or additional support.

Learning Checkpoint 3

Work to meet aspirations and needs

Part A

1. Briefly describe how the principles of social justice and inclusion are relevant to people recovering from mental illness.

2. Which of the following statements are correct? Select yes or no for each one.

a. Children are protected by workplace health and safety laws.	Yes / No
b. Workers' responsibilities include taking reasonable steps to protect the physical and emotional safety of clients.	Yes / No
c. Workers have the right to decide whether they are qualified to undertake a task in the workplace.	Yes / No
d. Employers are responsible for providing a working environment that is free from harassment and bullying.	Yes / No
e. Employers have the right to ask casual workers to provide their own PPE.	Yes / No
f. If a worker disregards their duty of care towards a client and the client is subsequently injured, the worker can be stood down from their job.	Yes / No
g. The National Standards for Mental Health Services 2010 include that a collaborative, person-centred approach should be adopted.	Yes / No
h. The most efficient way to control a risk is to eliminate a hazard.	Yes / No

3. Support workers need to use objective language when writing case notes. Which of the following demonstrates objective language? Tick all that apply.

- ❑ 'Anna seems very anxious today.'
- ❑ 'Anna told me she was too tired to do her grocery shopping.'
- ❑ 'Anna's house is messy and unkempt.'
- ❑ 'Anna owns two large dogs.'
- ❑ 'Anna looks as if she's had a rough week.'

4. Describe three things a support worker should do when responding to a client who is having a mental health crisis.

5. Match each situation with the appropriate intervention.

Client is experiencing additional life stressors	Seek a review from doctor or psychiatrist
Client is feeling out of control	Make an appointment with social worker
Client's prescribed medications are no longer working	Refer to psych triage service

6. When might it be appropriate for a support worker to adapt a service without consulting with their supervisor? Tick the correct response.

- ❑ If they have collaborated with the client about the change
- ❑ If their supervisor is not available
- ❑ If they are making a minor change to service delivery
- ❑ If their colleagues have approved the change
- ❑ If their client desires the change

Part B

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

Case study

Maya is a community access coordinator at a service that provides support to people who are long-term unemployed.

Maya is working with Frankie, a 42-year-old woman who has a passion for floristry and is looking for a job as a florist. Frankie has schizophrenia and a strong support network comprising family, friends, her GP, psychiatrist, OT and counsellor.

1. Explain how Maya could work collaboratively with Frankie to achieve her goals.

2. What might Maya's role be in working collaboratively with the professionals in Frankie's care network to help her achieve her goal of becoming a florist?

3. Briefly explain the potential implications if Maya fails to respect the boundaries of her role.

Glossary

Active listening

Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Boundaries

Guidelines, rules or limits that help you to behave in an ethical way and separate your professional from your personal life.

Code of practice

A document providing practical guidance on how to comply with duties in a workplace.

Cultural competence

Having awareness, respect and understanding of the cultural diversity around you.

Dignity of risk

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

Discrimination

The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

Mandatory reporting

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Negligence

Failure to take reasonable care with your actions and causing harm to person or property.

Pathologising

Attributing what may be normal behaviour to a mental health disorder.

Person-centred approach

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

Social inclusion

Supporting and building capacity in people so they can participate in the community, enabling them to define their own goals and place within it.

Stereotype

A fixed, over-generalised belief about a particular group or class of people.

Stigma

Seeing someone in a negative way, due to a particular circumstance or quality.

Strengths-based approach

Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.