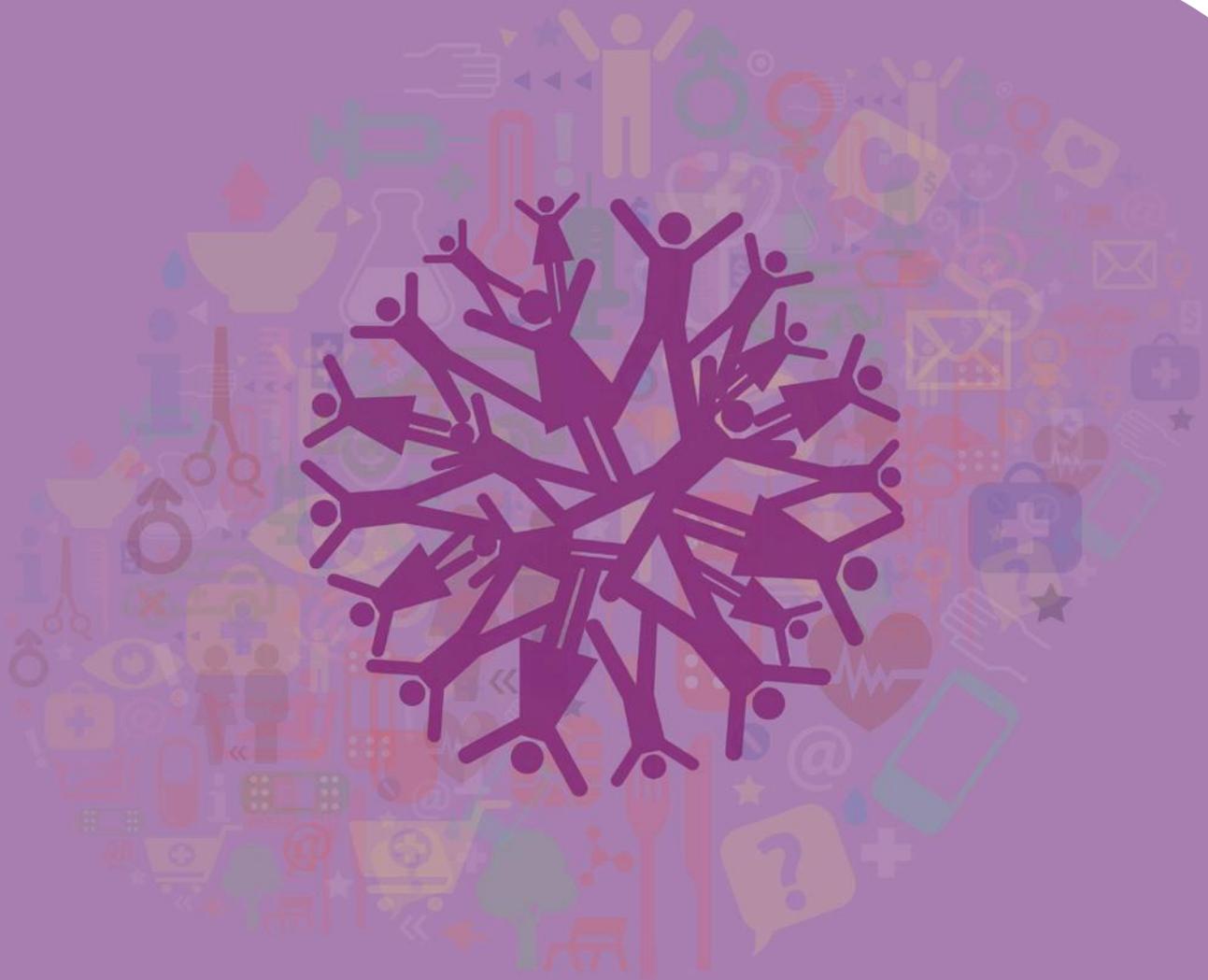


# CHCMHS003

## Provide recovery oriented mental health services

Release 1



*Learner guide*

CHCMHS003

# **Provide recovery oriented mental health services**

Release 1

Learner guide

Aspire Version 1.2



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## Version control and modification history

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

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### CHCMHS003 Provide recovery oriented mental health services Release 1

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## Before you begin

This learner guide is based on the unit of competency *CHCMHS003 Provide recovery oriented mental health services*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: [www.training.gov.au](http://www.training.gov.au).

## How to work through this learner guide

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

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

## Foundation skills

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

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

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

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

## What do you already know?

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

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Share and collect information to collaboratively inform the plan for recovery	1A Work respectfully and collaboratively within a recovery-oriented framework	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Use a collaborative approach to discuss, determine, source and collect information	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Explain organisational requirements including commitment to access and equity, and limits to confidentiality	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Obtain consent from the person according to organisation policy and procedure	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Gather and document information to explore and clarify the person's preferences, meanings and needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1F Apply best-practice principles and work within relevant protocols to conduct formal assessment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1G Collaborate to identify the potential effects of social and other barriers that impact on the individual	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Facilitate collaborative planning process for recovery	2A Work collaboratively to develop a person-centred plan for recovery and discuss planning options and tools	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Use effective communication strategies and support the person as their own expert	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
	2C Discuss and confirm the person's choices	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Work collaboratively with the person to identify strategies and priorities to achieve goals	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Identify possible barriers with the person and the strategies and/ or other people that can assist in overcoming them	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Develop and document personal wellness plans, risk plans or other plans to meet the person's priorities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2G Collaborate to identify and balance duty of care and dignity of risk while promoting independence from service	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2H Identify and document the person's and worker's roles and timelines for action	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Collaboratively implement plan for recovery	3A Discuss with the person their interest and readiness to initiate their plan for recovery	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Undertake service actions as agreed in the plan in a timely manner	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Facilitate access to information, resources and education about opportunities and options relevant to the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Support the person's decision-making and self-advocacy	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Support the person's positive risk-taking and resilience-building	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3F Maintain regular contact with the person and be available to them	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3G Maintain records and progress notes in collaboration with the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 4 Develop and maintain effective working relationships with care support network	4A Determine with the person who else to involve in their recovery process and the roles they will play	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Obtain specific and informed consent	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Identify the information and support needs of family and/or carers and friends	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4D Build an effective working relationship with members of the care network	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4E Provide clear information to members of the care network	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4F Communicate respectfully and work from a strengths-based approach with the care network	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4G Facilitate support, training or services to family and/or carers and friends	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 5 Support the person during challenges	5A Respond proactively to challenges, working with the person to identify ways to proceed	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5B Maintain an empathetic, supportive and hope-inspiring approach as challenges occur	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5C Respond promptly, positively and supportively to a person in distress or crisis and support access to required services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5D Respond promptly to de-escalate potential incidents or risks and promote safety	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 6 Collaboratively review the effectiveness of the plan and support provided	6A Review recovery plan regularly with person to ensure continued relevance and effectiveness	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
	6B Gather feedback from person at key milestones about progress in implementing recovery plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	6C Identify new directions and areas for change in the recovery plan and amend plans and transition strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	6D Continue implementation and review cycle until outcomes are achieved and no further support is required	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	6E Gather and respond to feedback from the person on service and support provided	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	6F Reflect on and identify opportunities for enhancing empowerment and improving processes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



## Topic 1

In this topic you will learn how to:

- 1A** Work respectfully and collaboratively within a recovery-oriented framework
- 1B** Use a collaborative approach to discuss, determine, source and collect information
- 1C** Explain organisational requirements including commitment to access and equity, and limits to confidentiality
- 1D** Obtain consent from the person according to organisation policy and procedure
- 1E** Gather and document information to explore and clarify the person's preferences, meanings and needs
- 1F** Apply best-practice principles and work within relevant protocols to conduct formal assessment
- 1G** Collaborate to identify the potential effects of social and other barriers that impact on the individual

## Share and collect information to collaboratively inform the plan for recovery

Community services and mental health support workers collaborate with people with mental health needs in order to provide recovery-oriented services. Supporting people's recovery requires demonstrating your respect to all people and relies on your collaborative and organisational skills. Your respect, compassion and practical assistance can profoundly affect people's recovery and positively impact their health and wellbeing.

This topic explores how to share and collect the information you need to work collaboratively with individuals and other stakeholders as an initial step to plan for recovery.

# 1A Work respectfully and collaboratively within a recovery-oriented framework

Working in mental health and community services can be rewarding and challenging. It requires excellent interpersonal skills and creativity, as you are likely to encounter many different people with vastly varied experiences. You are expected to work in a manner that reflects legal requirements such as anti-discrimination legislation, duty of care, organisational values and human rights standards. You will work collaboratively with people with mental health needs and other stakeholders to support the person's goals, needs and choices.



Work practices and models that reflect these requirements have been developed and include several different approaches. Person-centred and recovery-oriented approaches encourage people with support needs to develop an understanding of what they want and support them to make decisions and choices to control all aspects of their lives, including their care and supports. All communication with mental health service recipients and others must be empowering, focus on recovery and incorporate the values and principles of these work practices and models.

## Understand mental illness and mental health

Mental health and mental illness are not necessarily opposite states. In a recovery-oriented approach, workers support people to reach and maintain levels of mental health that may include managing a mental illness. There are different degrees of mental health as it is defined by different individuals, and having a mental illness does not necessarily mean that a person is impaired. These definitions will help you understand how a person can have a mental illness while enjoying good mental health.

### Mental illness

- ▶ A mental illness is any psychological condition diagnosed by a qualified person such as general practitioner, psychologist or psychiatrist. Healthcare professionals use assessment tools/instruments that have been tested and proved reliable and valid to diagnose mental illness (these are usually in the form of a questionnaire).

### Mental health

- ▶ Mental health refers to a person's feelings of self-worth, perceptions of others and ability to function.

## Historical understanding of mental illness

How we understand mental illness has changed dramatically over time. In the past, people experiencing mental illnesses were severely stigmatised, labelled as sick, thought of as patients and had few rights and little control over their lives. In many cases, people with mental health needs were incarcerated and subjected to severe physical, psychological and emotional abuse under a medical model of understanding mental illness. There was a strong societal pressure to keep people with mental health issues out of sight and there was little concern regarding human rights.



It can be helpful to understand how mental health services have changed over the years and how they continue to evolve. You may meet people and workers whose understanding of mental health services is informed by the ways things used to be done; in these instances, the past impacts the present. Mental health care is also influenced by societal expectations and government priorities, and changes to the economy can impact on everyone's mental health.

## Current and emerging models of understanding mental illness

Today, people with mental health needs (including those who have recovered) prefer the term 'consumer' to 'patient', as it reflects a broader range of experiences along a continuum of recovery and includes people who are not accessing medical care. Other terms used for people accessing mental health services include 'people with mental health support needs' and 'people with lived experience of mental illness'. The term 'consumer' also reflects a shift from people with mental illnesses being perceived as powerless within the mental health structures and systems, to encouraging an understanding and respect for the lived experience of mental illness. Consumers have the right to make choices about their treatment and support needs and are partners in their recovery.



Recovery is a process that is led by the consumer to develop meaning and purpose in life beyond the effects of mental illness, and to develop a positive sense of self. It maintains that recovery from mental illness is possible and supports the design, development and integration of recovery-based programs throughout mental health structures and services. These processes include consumer-inspired and consumer-led recovery, and self-help programs such as peer support, recreation groups, consumer advocacy, training and participation in service delivery.

## Human rights

Underpinning all work activities is the fundamental recognition that all people, including people with disability or support needs, have basic human rights that need to be upheld. One of the foundation documents that sets out these rights is the 2007 *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD). This is not a law, but an international convention that countries voluntarily ratify and use to guide their own laws. Australia was one of the original signatories.

The UNCRPD sets out from the basis that all people are equal and that all people have the same rights, such as the rights to equality, safety, privacy and the right to a home and family. In practice, this convention informs all of your workplace procedures and activities.

You can find an easy-to-read explanation of these rights, designed to give to people with support needs, at the following site:

- ▶ <http://aspirelr.link/uncrpd-easy-read>.

## Human rights and practice standards

Upholding people's rights is built in to best-practice standards for all services in the *National Standards for Mental Health Services 2010*. Your commitment to upholding these rights forms an underlying principle of your job role. These rights include:

- ▶ the right to safety
- ▶ the right to mental health care that meets the person's individual needs and achieves the best possible outcome
- ▶ the right to services which incorporate recovery principles.

You can read more about the national standards at the following site:

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

## Recovery-oriented practice

One of the core underlying principles of the mental health sector is recovery-oriented practice. Recovery-oriented practice involves workers supporting people's capabilities, supporting them to recognise their strengths and supporting them to take responsibility for their own recovery and wellbeing.



Recovery-oriented practice represents current and emerging understandings of mental illness as an individual process that needs to be treated holistically.

Each person needs to be respected as the expert in their own lives. Your role involves supporting each person to make choices and define their own goals, wishes and aspirations.

Some of the basic practices that underpin recovery-oriented practice include:

- ▶ evidence-based practice
- ▶ values-based practice.

## Evidence-based practice

As a mental health support worker, your practice will be evidence-based. This means that your work practices need to be informed by the best available evidence from a wide variety of sources. When supporting people in their personal recovery, you need to critically assess all the best evidence, decide on an outcome based on the evidence, apply the evidence and evaluate outcomes. At all times, work collaboratively with the person to ensure that their rights are upheld and their choices respected.

You can ensure that you are working in an evidence-based manner by following your workplace's policies and procedures and by undertaking regular professional development activities.

Evidence-based practice in the mental health context applies to:

- ▶ medication, including an understanding of side effects and how these impact on the consumer's recovery
- ▶ education of workers and consumers to ensure a high standard of practice, supporting excellent outcomes for consumers
- ▶ informal support networks, such as family, friends and advocates, to ensure they are getting the support they need to reduce stress and burnout
- ▶ integrating mental health and AOD work to ensure that a holistic approach to support is undertaken and that agencies and services collaborate to improve consumer outcomes
- ▶ supported employment to uphold social inclusion principles, encourage engagement in meaningful employment and address workplace discrimination
- ▶ social skills training to ensure consumers are equipped to join in social and recreational activities to meet their goals and assist their recovery process.

## Values-based practice

Values-based practice respects the differences and diversity in people's values. It requires you to understand and articulate your own values and to place the values, views and understandings of consumers and their carers, family and friends at the core of decision-making. It also involves respecting the values of co-workers.

Values-based practice involves collaborating effectively when people's values conflict. At all times, the person's choices, values and goals need to be respected.

## Effect of working with values-based practice

Values-based practice requires that workers explore their own values, such as their beliefs about human rights, self-determination and the role of family and carers in decision-making. This process helps you understand how your ideals, morals and standards are integral to your work practice and how these may be in conflict with the values of your employer, co-workers or the people you support.

Values-based practice also requires the ability to explore with these individuals what their values are and how to articulate them. At times, there may be a clash of values between people of diverse backgrounds, ages, ethnicities, genders or religions. These clashes need to be explored in a respectful, appropriate manner so they do not harm the relationship or adversely affect progress towards recovery. Interventions that do not reflect the values of the consumer will be disregarded or undermined.



## Understand and apply different processes

Evidence-based practice and values-based practice support effective decision-making by workers, consumers, carers and informal support networks. This contributes to feelings of self-confidence and empowerment and enhances progress towards recovery.

No single framework or approach to mental health practice can provide total care for a person with support needs. Mental health workers need to understand and apply different approaches or work practices depending on the needs of the individual. Evidence-based practice and values-based practice can work well together, complementing each other to ensure the person receives the support and care they need.



You need to work in consultation with the person to ensure their recovery needs are met. You should also monitor and review your current work practices and the person's recovery process to continuously improve the quality of service provision.

## Policy frameworks

Your work as a support worker is governed and upheld by policy frameworks, including the National framework for recovery-oriented mental health services. This framework applies nationally and supports service providers to provide consistent, best-practice support services within a recovery-oriented and collaborative approach.



All your work practices need to comply with this framework and be informed by it. Your workplace's regular reviewing procedures will ensure that its policies and procedures are up-to-date with this and other relevant frameworks, but it is important to be familiar with these frameworks yourself. Being compliant with all relevant frameworks and codes of practice is part of your professional practice and commitment to continuous improvement.

You can read more about the National framework for recovery-oriented mental health services at:

- ▶ <https://aspirelr.link/recovery-orientated-framework-mental-health>.

## The recovery model

Recovery is a term used in the mental health sector to refer to a person's ability to develop meaning and purpose in their life beyond their mental illness and gain a positive sense of self. It encourages the person to recover their personal power and recover from the stigma of mental illness.

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

The recovery model:

- ▶ focuses on fostering hope and empowerment in people with mental health needs
- ▶ suggests people can recover from mental illness and regain a sense of identity that is not defined by their mental health needs
- ▶ does not necessarily mean a complete absence of symptoms, but an ability to deal with and not be limited by them.

## Work in a recovery-oriented framework

Working in a recovery-oriented framework involves demonstrating respect and compassion and acting as a facilitator, collaborator and supporter. Each person you support is an individual on a unique recovery journey. Each person has their own goals, aspirations and choices that you need to be aware of and respect.

For example, for one person experiencing anxiety, their recovery journey may involve a short-term treatment plan and supports based around a goal of returning to full participation in their previous activities. For another person, their recovery journey may focus on regaining a sense of wellbeing that includes long-term supports to manage their anxiety.

Here are some of the key characteristics involved in working within a recovery-oriented framework.

### Rights-based services

- ▶ Everyone has fundamental human rights that underpin the way we provide services. Our approach supports people's rights to self-determination, to make choices, to make mistakes and to learn from them. We recognise the person is the expert in their own lives and support their choices, except in specific circumstances that involve unreasonable risk and likelihood of harm.

### 'Recovery' is a range of outcomes

- ▶ 'Recovery' means different things to different people. It might mean an end of symptoms to one person, while to another it might mean getting a job, retaining a level of function or any other goal that the person defines as important.

### Individual journeys

- ▶ Every person's experience with mental health needs is specific to them. While they may share some things in common with others, each person needs to be treated as an individual, which involves listening, supporting their needs and choices and avoiding making assumptions. Every person's culture, language and level of ability must be respected and the person must feel empowered.

### Empowerment

- ▶ Our support work is based on empowering the person to take responsibility for their own recovery and is based on building capacity, emphasising strengths and valuing each person's individual experience.

### Collaboration

- ▶ Workers collaborate with people, their family members, carers, community members and other services and health professionals to support the person's individual recovery journey. Your role is guided by the person's choices and goals and you need to concentrate on capacity-building and individualised supports.

### Being a role model

- ▶ Recovery is a challenging process and your support, empathy and encouragement for people, their family members and carers is a vital component of each person's journey. By modelling respect, patience, flexibility, resilience and good communication, you help people reach their individual goals.

### Ups and downs

- ▶ Recovery is not a straightforward process. It may involve apparent setbacks and recurring symptoms. Being flexible with new approaches and supporting people to perceive and value their progress is vital, understanding that recovery is measured as everyday achievements, not a one-time goal.

## The agreed recovery alliance relationship

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

Workers, the person with support needs and relevant others agree to work together to support the person's goals for recovery, which are defined by the person themselves. In this relationship, the person is not passively receiving services assigned by an authority figure, but is actively taking responsibility for their own recovery by engaging in a collaboration with the people who can support those goals.

You can support an agreed recovery alliance relationship by:

- ▶ recognising the person with support needs as the expert on their own lives
- ▶ facilitating the person to set goals and define their own recovery outcomes
- ▶ facilitating capacity-building and the person taking responsibility for their own recovery
- ▶ accessing services, professionals and resources that support the person's recovery
- ▶ providing people with relevant, timely and up-to-date information
- ▶ modelling respect for diversity and valuing everyone's lived experience
- ▶ ensuring each person's cultural, language and access needs are met
- ▶ facilitating community participation, social bonds and connection.

**Example**

**Work respectfully and collaboratively within a recovery-oriented framework**

Masha is preparing for a meeting with a new mental health consumer. Before the appointment, Masha reviews the person’s documentation and notes that she should cover the following points in the initial meeting.

**New consumer checklist**

Check that cultural, language and access needs are met.

Express confidence in the person’s ability to make choices and to set recovery outcomes.

Provide information about recovery alliance relationships and ask for agreement to participate.

Use good communication and listening skills to hear the person’s story.

Collaborate on setting goals for recovery and prioritising needs.

# Practice task 1

1. What are two underlying practices involved in recovery-oriented practice?

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2. Name one historical model for understanding mental illness, and one current/emerging model used in providing best-practice services to people.

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3. Name one policy framework that underpins working collaboratively with people towards their recovery.

.....

.....

**Click to complete Practice task 1**

# 1B Use a collaborative approach to discuss, determine, source and collect information

Workers must collaborate with others to collect relevant information and to ensure that they have access to all the information needed to support the person's plan for recovery. The person themselves is your most important collaborator. When initially working with a person with support needs, you must obtain a wide range of information and collaborate with many people to ensure that you can collect all the required information to create an effective recovery plan.

To start, you need to determine what information is required for each person's individual case and where you can source appropriate information.



## Stakeholders

To support a person's plan for recovery, mental health workers should collect information from a range of different people. A number of different groups will have an interest in defining and responding to a person's mental illness. These groups are known as stakeholders. You need to obtain information from a wide variety of stakeholders to ensure that you are gaining a complete range of options, sources and suggestions than you would access from a single source.

Here are some of the major stakeholders you will work with collaboratively and suggestions for collecting information from them.

### People with support needs (consumers)

Always be respectful. Make sure that privacy and confidentiality are respected. Ask relevant and simple questions that are appropriate; for example, 'Can I ask you about your mental health needs?'

### Carers and/or family members

Always be respectful. Make sure that privacy and confidentiality are respected. Ask relevant and simple questions that are appropriate; for example, 'How long have you been a carer? How do your son's mental health needs affect you?'

### Community organisations and government departments

Many organisations have websites that provide information. Brochures and pamphlets are also good sources.

### Clinical mental health professionals

Brochures, websites and pamphlets provide information on the services that organisations or professionals offer. You can also contact organisations and ask questions by phone or email.

### Co-workers

Co-workers can be a great source of information to help you develop skills in mental health work and to ensure that you have all the required information. Keep in mind the person's privacy and confidentiality when discussing specifics with your colleagues.

### Supervisors

Your supervisor will provide guidance on your work role. Supervisors can direct workers to guidelines, regulations, policies and procedures and provide support. Keep in mind the person's privacy and confidentiality when discussing specifics with your supervisor.

### Advocacy groups

Use websites or professional contacts to obtain information about advocacy services (where appropriate). These are particularly useful when supporting people to take a different view of their illness and to inform them about their rights.

## Work collaboratively to obtain information

A commitment to working collaboratively is a fundamental value that underpins best-practice service delivery to people with support needs. It involves working from an understanding that the person is the expert in their own life and that their rights, needs and choices are best supported and provided by a team, working in collaboration.

In terms of obtaining information to support a person's plan for recovery, consider all relevant stakeholders and seek information from a wide range of information sources. Each person's recovery needs to be approached individually and holistically to ensure that the person's right to individualised supports are met. This involves creating a list of appropriate information sources you will need to consult. This list should be specific to each individual in order to address their unique circumstances, needs and goals.

## Questions to elicit required information

Here are some of the questions that you can ask to ensure that you create a list of information sources that is complete, relevant and individualised to the person.

### Consumer questions

- ▶ Have I placed the consumer at the centre of my information-gathering?
- ▶ Have I sensitively and compassionately listened to the person's story and supported them to express themselves?
- ▶ Are there any barriers to their communication and have I acknowledged them?
- ▶ Do I have a clear idea of their goals, needs and aspirations for recovery?
- ▶ Have I asked them about who they would like to collaborate with in their recovery plan?
- ▶ Have I respected their privacy and confidentiality?

### Carer questions

- ▶ If relevant, have I collaborated with family members and/or carers to obtain their views, needs and suggestions?
- ▶ Have I respected their privacy and confidentiality and those of the person with support needs?
- ▶ How does information from this source add to the information sourced from the person themselves?

### Expert questions

- ▶ If relevant and with appropriate permissions, have I sought information from appropriate experts (doctors, psychiatrists, nurses, social workers, occupational therapists, etc.)?
- ▶ How does their information contribute to the collaborative process for recovery?

### Supervisor and colleagues

- ▶ While respecting the person's privacy and confidentiality, have I asked my supervisor and/or colleagues about other sources of information that I may not have considered?
- ▶ Have I considered services, colleagues, experts or professional networks that may be able to provide relevant information?

### Self-reflection

- ▶ Have I done my research?
- ▶ Are there possible information sources that I have not considered?
- ▶ Am I considering opposing views and a wide range of suggestions, keeping the person's needs and choices at the centre of all my information-gathering?
- ▶ Have I expressed respect and my gratitude for everyone's contribution and willingness to work collaboratively?
- ▶ Do I have a clear idea of the relevant information sources, where and how to access them and how this information will support the person's recovery plan?
- ▶ Have I collaborated with the person to ensure that I have a full set of relevant information sources?
- ▶ Have I set a timeframe to review my information sources and adapt them as necessary?

**Example**

**Use a collaborative approach to discuss, determine, source and collect information**



Kevin is just beginning to work with Brian, who has recently been diagnosed with bipolar disorder. Before they can work on a recovery plan, Kevin needs to explain the collaborative process to Brian and determine the range of information sources that will be relevant to support Brian's recovery.

To do so, Kevin has a couple of meetings with Brian to build rapport and to supportively encourage him to tell his story and begin to formulate what recovery means for him. Kevin takes notes and asks Brian who he would like

to involve in his recovery. With permission, Kevin then contacts Brian's partner (who is his primary carer), his mother, his psychiatrist and his GP for their input.

Kevin also contacts a community group who specialises in providing supports to people with bipolar disorder, as well as undertaking his own research to learn more about the condition.

Lastly, Kevin creates a checklist of appropriate stakeholders and information sources that he runs by his supervisor, after de-identifying any personal information. His supervisor suggests contacting a colleague who has had experience in working with people with similar needs to Brian, who may also be able to provide valuable insight.

## Practice task 2

1. Who is your main collaborator in a collaborative approach to service delivery?

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2. Name two other stakeholders that you may collaborate with in obtaining information to support a person's recovery.

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3. When collaborating with others in gathering information, what is one consideration that you must respect?

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4. Where can you obtain information on services?

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.....

**Click to complete Practice task 2**

# 1C Explain organisational requirements including commitment to access and equity, and limits to confidentiality

Upholding your workplace's policies and procedures and complying with all legal requirements is a fundamental aspect of your work role. This involves ensuring that people with support needs (as well as other individuals accessing the service) are provided with relevant information about your organisation's requirements and everyone's rights and responsibilities.

When meeting with a person initially, explain your role and responsibility, your organisation's requirements and how these affect the person and their services. These requirements include:

- ▶ access and equity commitments
- ▶ confidentiality (and its limitations)
- ▶ values and principles of the mental health sector, such as citizenship.



## Access and equity

A commitment to access and equity for all is a fundamental principle of social justice that underpins all your work activities. Access means that consumers should have no difficulty using the services that are available to them. Equity means that all people are treated fairly.

Explain these principles to the person and ensure that they understand that it is your job to support their right to access appropriate services and activities, and their right to be treated fairly. Ensure that they know what to do if they feel that these rights are being infringed upon; for example, make sure that they have access to a complaints procedure.

An organisation demonstrates commitment to access and equity principles by:

- ▶ creating a consumer-oriented culture
- ▶ taking a non-discriminatory approach to all people
- ▶ ensuring the work undertaken takes account of and caters for differences
- ▶ ensuring that people's physical access needs are met
- ▶ ensuring that people's cultural and language needs are met
- ▶ ensuring that people's communication needs are met.

## Confidentiality and its limitations

Confidentiality is critical to work in the community sector. As a support worker, you often have access to privileged and sensitive information about people. The way that you manage confidential information can have a significant impact on a person's dignity, rights, choices, opportunities, access, self-concept, self-esteem and wellbeing.

However, there are some circumstances in which you may be required to disclose people's confidential information. Make sure that you explain this to people and provide them with information about their rights.

Here is some basic information about confidentiality and mandatory reporting that you can share with people.

### Confidentiality

This refers to managing access to private information. Confidentiality provisions restrict individuals/organisations from using, storing and disclosing information about a person outside of the scope for which the information was collected (including both written and verbal information).

Workers are allowed to, and should, share confidential information about people receiving support with their supervisor when necessary. You must have a reasonable purpose for collecting, storing, accessing and distributing information about a person. Generalised information must not be collected without an implicit reason.

Information relating to people must be securely stored, with access limited to those working directly on the case, according to organisational policy and procedures.

### Mandatory reporting

Mandatory reporting refers to your legal obligation to report instances of suspected abuse or neglect. Reporting requirements vary between the states and territories, but in most cases, any suspicion that a person is endangered requires you to report your concerns to appropriate authorities.

Mandatory reporting requirements are often extended and set out in the workplace's reporting policies and procedures. Your workplace will have best-practice reporting procedures that you are expected to follow. As these procedures vary, it is important to know your workplace's definition of abuse and neglect and its procedure for reporting (who to report to and when). If in doubt, speak to your supervisor immediately.

## Disclosure of information

There are some instances in which you are permitted to disclose information as part of your duties. For example, if the person receiving support is being referred on for medical treatment, the hospital, specialist or doctor needs to know the person's history, allergies and personal details.

Make sure that the person understands when you are required to disclose information and when they need to provide consent.

Disclosure may be required when:

- ▶ compelled by law (for example, if the person has a reportable disease or at police request)
- ▶ a person's interests require disclosure (for example, if they have threatened suicide or harm to another person)

- ▶ there is a duty to the public (for example, if there is a public threat or concern)
- ▶ the person has consented to the disclosure
- ▶ your organisation has policies and procedures in place regarding confidentiality and privacy.

## Citizenship

One of the key values and principles of the mental health sector is a commitment to upholding the citizenship of all people. In the context of people with support needs, citizenship refers to the fundamental rights of social justice, social inclusion and access for all people to participate in the community as equal citizens.

As many people who experience mental illnesses suffer from stigma, stereotyping and discrimination, it is vital that you explain their rights to them and ensure that they understand that they are equal, valued citizens of the community.

Here are some of the ways that you can uphold the value and principle of citizenship in your work with people with support needs.

### Ways to uphold people's citizenship

- ▶ Provide information about people's human rights.
- ▶ Model respect, courtesy and appreciation of everyone's contributions.
- ▶ Ensure people's cultural, communication, access and language needs are met.
- ▶ Provide holistic, person-centred services that focus on people's strengths.
- ▶ Foster community engagement, social relationships and full participation.
- ▶ Respect people's choices, goals and preferences.

## Explain organisational requirements

When explaining organisational requirements, you need to use your good communication skills to ensure that the information is given appropriately.

Communicating information appropriately involves:

- ▶ providing information in a way that meets people's needs (for example, language, cultural, access needs)
- ▶ using active listening and paraphrasing
- ▶ using good oral communication skills, avoiding jargon and speaking clearly
- ▶ providing written materials in addition to explaining verbally (so that they can refer back later)
- ▶ revisiting the information at a later time to ensure the person understood and remembers
- ▶ understanding how the person's illness may affect their communication, memory or cognition and supporting their needs.

**Example**

**Explain commitment to access and equity, and limits to confidentiality**



Frankie is meeting with Ahmed for the first time. After getting to know Ahmed a little and after checking his body language to see if he appears comfortable, Frankie explains how his information will be managed.

‘Before we go any further, I just need to explain how I am required to manage any personal information that you give me, is that ok?’ Frankie asks.

Ahmed nods.

‘I just need you to know that you have a right to have your private information to be kept confidential. This means that I only take down info that is directly related to providing you with supports, and I store it safely. I also do not share your private information with anyone, without your consent, except in a few circumstances.’

Ahmed looks relieved. ‘So anything I tell you stays here?’

Frankie nods. ‘Most of the time, that’s true. Unless you give the okay to share your info with a doctor, or your wife or someone else, I keep it confidential. However, I am required legally to disclose your information in some situations, such as in the case of abuse or neglect or if you’re in harm’s way. Does that make sense?’

Ahmed nods. ‘Fair enough.’

‘Great. Well, take this brochure as well. It contains lots of information about your rights and what to do to make a complaint. You can always come to me if you have any questions, okay?’

## Practice task 3

1. Name two organisational requirements that you need to explain to people with support needs with whom you work.

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2. What are two ways to uphold people’s citizenship in your work?

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3. What are two considerations involved in communicating organisational requirements to people?

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.....

**Click to complete Practice task 3**

# 1D Obtain consent from the person according to organisation policy and procedure

Mental health workers have an ethical obligation to ensure that consumers understand the services and supports to be provided. This may include using problem-solving skills to facilitate understanding when there are barriers such as illness symptoms or medication side-effects. Workers must also ensure they obtain informed consent from consumers before commencing support activities. Informed consent is a legal concept that mental health workers have a professional obligation to understand and apply.



## Right to informed consent

There are ethical and legal reasons for involving a person in your care in decisions about the support services they receive, and for gaining consent before any type of care is given. Only a mentally competent person over the age of 18 years can give legal or valid consent. This requirement upholds people's rights to self-determination and to make choices about their lives.

Consent must be given voluntarily, must be informed (they need to be aware of what they are consenting to and understand the risks involved), and must be specific to the activity involved. Consent can be given verbally or in writing, or it may be implied. In some cases, a person may need the participation of an advocate or guardian to ensure that they provide informed consent.

The types of consent you can obtain are described below.

### Types of consent

#### Verbal consent

Verbal consent means the person requests that they want a service or agree to one being implemented.

#### Written consent

Written consent means the person signs forms requesting or agreeing to the provision of a service.

#### Implied consent

Implied consent means that consent is assumed in certain circumstances, such as the person's presence at a medical appointment.

#### Supported consent

Supported consent means the person may need the support of an advocate or guardian to help determine the appropriate service.

## Seek the person's agreement before providing services

People receiving support services must be supplied with information about appropriate services to allow them to make an informed choice about their needs. As part of the process of providing support, each individual should be encouraged to identify their own needs and to participate in the support they receive. Including a person in decision making helps to preserve their dignity and self-esteem.



## Use an advocate

When seeking informed consent from a person receiving support care, an advocate may be required. An advocate is a person appointed to help an individual make decisions about their care provision and give informed consent. In some instances, you may act in an advocacy role, supporting the rights of people with a mental health needs.

The roles of different advocates are explained below.

### Family and friends

An advocate may be a family member, support staff, a friend or an independent member of the community who actively negotiates on behalf of the person to ensure their individual or civil rights are being upheld. They make sure the person's best interests and preferences are known and taken into consideration. They may attend discussions about the person's support and care and take an active part in decision-making to ensure the person receives the service they want and need. Sometimes, they may need to speak on behalf of the person to service providers and other agencies about any concerns they have.

### Care workers

Many people in your care are vulnerable. You have a responsibility to protect their rights and, if necessary, advocate on their behalf. For example, you may need to discuss with your supervisor on behalf of a person in care regarding an aspect of their care that is unsuitable or with which they are unhappy. Advocacy plays an important role in protecting the rights of people in your care. As an advocate, you must always represent the person's point of view and not express your own view of the matter.

### Appointed advocate

An advocate may also be assigned to a person by an advocate agency. Having an advocate present when negotiating and developing a service delivery or care plan is important. There is a range of services available that provide advocacy for people and/or their carers.

## Guardians

A guardian may be appointed by the state or territory if a person is unable to give informed consent. For example, the NSW Guardianship Tribunal protects the rights and interests of people with a decision-making needs by appointing guardians.

Guardians have a duty to:

- ▶ protect the rights, welfare and best interests of the person receiving support
- ▶ consider the views of the person receiving support
- ▶ preserve and recognise the cultural and linguistic needs of the person
- ▶ protect the person from abuse, neglect and exploitation.

## Obtain consent

Consent must be obtained before you can provide services to a person. Your workplace will have clear guidelines, policies and procedures for obtaining consent that you must follow at all times. This may involve obtaining verbal or implied consent for some services or activities and written consent for others.

Working with people with mental health needs can involve interacting with people experiencing significant distress that may affect their ability to provide informed consent. Remember, a person with mental health needs is not necessarily impaired. The ability to provide consent may be fluid or partial; some people may be legally able to provide consent for some activities or services but not others, while some people's ability to provide consent may be legally deemed impaired for a specific period.

Determining whether a person is capable of providing informed consent is not your sole responsibility and the capability to provide consent should be assumed, unless you are given information to the contrary. If you are in any doubt, speak to your supervisor immediately and ensure that you have all the required information about any appointed advocates and/or guardians.

Record all consent given or refused clearly and accurately, according to your workplace's policies and procedures, as this constitutes legal permissions and may be required by other services at a later date.

### Example

#### Obtain consent from the person according to organisation policy and procedure

Suzanne is a mental health worker conducting an intake with Michelle, who she has just learnt is under 18 years of age. Michelle has been living on the streets and in homeless shelters for some time.

Suzanne knows that since Michelle is underage, she is not legally able to provide consent for services to be provided for her. Michelle refuses to provide contact details for her mother, who she says 'Wouldn't care anyway'.

Suzanne contacts her supervisor immediately and they work together to contact the state guardianship tribunal to learn more about Michelle's rights in this situation.



# Practice task 4

1. What are the four types of consent that you may be required to obtain from people receiving services?

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2. What are the two basic requirements for the ability to provide informed consent?

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3. What must you do with any consent provided?

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**Click to complete Practice task 4**

# 1E Gather and document information to explore and clarify the person's preferences, meanings and needs

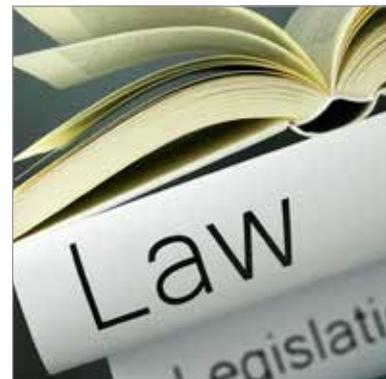
To support a person's recovery journey, workers need to gather and document a wide range of information that will assist them to explore and clarify the person's preferences, meanings and needs. This process requires good research skills and a high level of both written and oral communication skills, as you need to listen to the person and other stakeholders, as well as access written documentation such as relevant mental health legislation and standards.



## Mental health legislation

Each state and territory has a mental health Act that governs compulsory mental health assessment and treatment. You need to be familiar with the relevant legislation as it provides the legal framework for working with people with mental health needs.

For example, Victoria's *Mental Health Act 2014* provides a legislative scheme for the assessment of individuals who appear to have mental illness and for the treatment of individuals with mental illness. It appoints various tribunals and experts, including a chief psychiatrist, and 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.



Make sure you locate the specific Act for your state or territory.

## Mental health practice standards

While each state and territory has its own legislation for mental health, for national legal considerations you can refer to the *National standards for mental health services 2010*. This document outlines the aims of how to improve the quality of mental health care in Australia. The first national standards were developed in 1996. These were later reviewed and rewritten to have a greater emphasis on recovery, and were endorsed in 2010.

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

### **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 should 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.

## **Impact of mental health legislation on individual workers**

Mental health legislation and practice standards have an impact on every aspect of your role as a mental health support worker. These documents are embedded in your workplace's policies and procedures, frame your work role and responsibilities, and guide every work activity. Importantly, they also outline and enforce the rights of people with mental health needs. You must be familiar with the specifics of these so that you can accurately and responsibly support people's individual recovery in the most efficient way, while upholding their rights.

It is vital to fully familiarise yourself with these documents and understand how they inform your role. For example, the *Mental Health Act 2014* (Vic.) specifies that:

- ▶ a compulsory mental health patient can clarify information by getting a second opinion about their treatment
- ▶ a compulsory mental health patient will be supported using a recovery-oriented model and supported decision-making model.

## Gather information

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

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

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

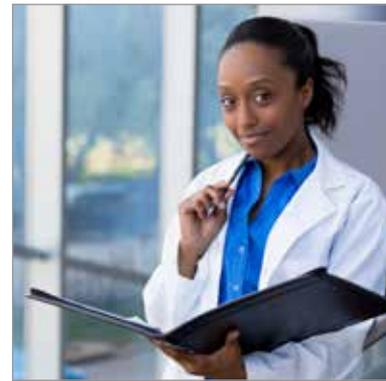
### Aspects involved in gathering information

- ▶ Establish rapport with the person. The person needs to feel comfortable with you to share what's important to them; create a safe space for them.
- ▶ Respect difference, diversity and individual choices. Make sure that you model this respect and place the person as the decision-maker in their care.
- ▶ Use good communication skills. Use active listening, paraphrasing, encouragers and other techniques to really listen and clarify what people are trying to say.
- ▶ Meet people's needs. Make sure that people's language, cultural, communication and access needs are met so that they can communicate easily.
- ▶ Clarify relevant stakeholders. Make sure that you obtain consent from the person before speaking to others and gaining their perspective.
- ▶ Familiarise yourself with relevant documentation such as legislation, standards and any existing care plans.
- ▶ Analyse both written and verbal sources; do they support or contradict each other? Form a picture of the person's goals, needs and preferences, and the options available for support.
- ▶ Offer people choices. Clarify what you have discovered and heard with the person and offer them options; this helps them explore choices they may not have considered.

## Document information

All the information you gather about people's preferences, needs and what is meaningful for them in terms of their recovery must be appropriately documented. Your workplace's policies and procedures will outline the preferred form of documentation, but it is likely to be in written form in the person's case notes, care plan and/or other formal documentation.

Make sure that all the documentation you keep is updated in a timely manner, stored in a way that maintains people's privacy and confidentiality and is labelled correctly. If you keep clear, concise and legible documentation, and store it correctly, other authorised people with access to the person's case can locate the information quickly and easily. This ensures that people receive timely, efficient and thorough supports.



### Example

#### Gather and document information to explore and clarify the person's preferences, meanings and needs

Lawan has recently begun working with Max, who has mental health needs. They are meeting so that she can gather information about Max's needs and preferences and to learn what recovery means for him.



Lawan has asked Max to meet her at her office, so that they can have some privacy. Before the meeting, she prepares a small meeting room by opening the windows to let in some fresh air, having some water and tissues available and by making sure that they can't be overheard. She brings Max's case notes and a notepad so that she can take notes.

Lawan asks Max if it's okay to ask him about his illness. Max agrees and she leads with some open questions to encourage him to speak. With a few smiles, nods and encouragers from Lawan, Max is soon telling her about his experiences and what he would like from the service.

Lawan uses active listening and summarises what she hears from Max by repeating it back to him for clarification. She gains permission to talk to his family members and his doctors and agrees to meet again in a week to offer him some options to consider.

Lawan ends the meeting by thanking Max for his openness and expressing her confidence in his recovery.

## Practice task 5

1. The mental health Act is applicable at which level of government?

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2. Name two ways that mental health legislation impacts your role.

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3. Name two ways to gather information about people's values, needs and preferences.

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**Click to complete Practice task 5**

# 1F Apply best-practice principles and work within relevant protocols to conduct formal assessment

Best practice principles should underpin all of your work activities in providing supports to people with mental health needs. Depending on your job role, you may be tasked with undertaking or contributing to formal assessment procedures that are bound by strict protocols to which you must adhere at all times.

In your work, you will encounter a wide range of people, many of whom may be experiencing a mental disorder. While everyone has individual experiences and may have differing symptoms, it is vital to have a basic understanding of the main groups of mental disorders, and how they present in people and affect their lives.



## Apply a basic knowledge of a range of mental health diagnoses

According to the National Survey of Mental Health and Wellbeing 2007 (ABS, Catalogue No. 4326), 45 per cent of Australians reported they had experienced a mental disorder at some point in their lives. To many people this is a surprising figure, but it illustrates the point that mental health needs are very common, although many of us are reluctant to acknowledge it. For example, most people suffer from periods of depression or anxiety at some stage in their lives.

A mental illness (now more commonly referred to as a mental disorder) is a condition that changes the way a person thinks, feels and behaves. Mental disorders cause distress and confusion and often severely disrupt a person's life. The most serious forms of mental disorders are called psychotic disorders and are characterised by delusions, hallucinations and loss of reality. Psychotic disorders include schizophrenia and schizoaffective disorder.

The main forms of mental disorders are:

- ▶ anxiety disorders, including panic disorder, generalised anxiety disorder and post-traumatic stress disorder (PTSD)
- ▶ mood disorders, such as depression and bipolar affective disorder
- ▶ substance misuse disorders, which involve dependence on alcohol or drugs
- ▶ personality disorders, which manifest in maladaptive and often self-harming behaviours
- ▶ psychotic disorders, in which people experience thought disorders and behavioural disturbance as well as hallucinations and delusions.

## Common mental health diagnoses

Many people experience mental health problems such as anxiety and depression at some stage in their lives, often as a response to stress. Mental health needs such as these do not usually last as long as a serious mental disorder and do not have the same impact on a person's life; however, they can cause distress and can affect the way a person thinks and feels for a time.

For this reason, people experiencing anxiety and/or depression should seek treatment as soon as possible so that it does not develop into something more serious. For example, a person experiencing a mild depression that is gradually becoming more prevalent in their lives should seek help. Depression, anxiety disorders and substance misuse disorders are the most common mental health needs that Australians face.

### Depression

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

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



### Anxiety disorder

As with depression, most people experience anxiety periodically, but this does not mean they have an anxiety disorder. Normal anxiety is not as severe as an anxiety disorder, does not last as long and does not disrupt a person's work or social relationships to the same extent.

There are a number of different types of anxiety disorders, including generalised anxiety disorder, panic disorder, phobic disorders, post-traumatic stress disorder and obsessive-compulsive disorder.

Here are some of the common symptoms of anxiety disorders.

#### Physical

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

#### Psychological

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

#### Behavioural

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

## Symptoms and treatment

Symptoms differ between disorders. For example, a person having a panic attack has a sudden onset of intense fear and panic in certain situations, while a person with obsessive-compulsive disorder feels driven to repeat behaviours (such as washing their hands) to manage their anxiety about germs and hygiene. Treatment for anxiety disorders usually involves medication and psychotherapy.

In most cases, people with milder forms of depression and anxiety disorders do not need to access non-clinical community mental health services.

Milder forms of depression may be treated in the community by:

- ▶ doctors
- ▶ psychologists
- ▶ counsellors
- ▶ clinical community mental health services.

## Serious mental illness

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

Here is an outline of some of the more serious mental disorders you are likely to encounter working in the mental health sector. The type of depression listed here is known as clinical depression, or major depressive disorder, and is a serious and often recurring illness.

### Bipolar disorder

This is a mood disorder but can also be classified as a psychotic disorder, which is an illness where a person experiences extreme moods (for example, very elevated or high, or very low and depressed). Some people may experience both extremes, while others experience one or the other.

Symptoms include extreme moods, where people feel high, excitable, grandiose, reckless, depressed, helpless or sometimes suicidal.

Appropriate treatment includes medication and community support programs.

### Borderline personality disorder (BPD)

This is a personality disorder. People with 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
- ▶ contradictory feelings
- ▶ impulsiveness and reckless behaviour
- ▶ self-harm
- ▶ possible psychotic symptoms such as delusions.

Appropriate treatment is a combination of psychological therapy, medication and community support.

## Major depressive disorder

This is a mood disorder. Depressive disorder is an illness that affects the way a person feels, causing low mood and persistent feelings of sadness and helplessness. The person may also experience physical aches and pains and thoughts of suicide.

Symptoms include:

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

Appropriate treatment includes medication, individual therapy and community support programs.

## Schizoaffective disorder

This is a psychotic disorder that is characterised by a combination of symptoms of schizophrenia and a mood disorder. A person who experiences this disorder will experience the primary symptoms of schizophrenia but also shows symptoms of major depression or a manic episode at times.

Appropriate treatment includes medication and community support programs.

## Schizophrenia

This is a psychotic illness where the normal functioning of the brain is affected, causing distortions and disruptions to the way a person thinks, feels and acts.

Symptoms include:

- ▶ confused and disordered thinking
- ▶ delusions
- ▶ hallucinations that may be auditory or visual and include hearing voices.

Appropriate treatment is medication and community support programs.

## Dual diagnosis

A factor that further complicates mental disorders is that many people may also have a substance misuse disorder. This is often referred to as a dual diagnosis or comorbidity, and means that people may experience drug or alcohol dependency as well as mental health needs. The National Survey of Mental Health and Wellbeing 2007 (ABS, Category No. 4326) found that regular alcohol consumption and misuse of prescription or illegal drugs is associated with higher levels of mental illness and mental health needs.



Typically, mental health and drug and alcohol services do not overlap. Research suggests that an individual should receive treatment in both areas to improve their mental health status.

## Local and international best-practice frameworks for assessment

Best-practice frameworks are devised by industry experts and associations to guide service providers and individual workers to provide the best possible services to people with mental health needs. Best-practice frameworks are not legally binding, but form the standard to which workers hold themselves to as committed professionals. Both local and international best-practice frameworks may be relevant to your job role.

Best-practice frameworks can be found:

- ▶ through your professional networks
- ▶ on industry association websites
- ▶ embedded in your workplace policies and procedures.

## Apply best-practice frameworks for assessment

It is considered best practice to collaborate with consumers (and with their permission, their family and carers) in the development, delivery and evaluation of mental health services. It is also beneficial to the consumer if agencies collaborate to provide services holistically, working together to address the person's needs rather than each agency addressing a single aspect in isolation. For example, if an individual has a mental illness and a drug dependence (known as dual diagnosis), the mental health service should work together with a drug treatment service to meet the individual's recovery needs. By working together, agencies make best use of limited resources and share a broader range of skills to address issues.



Mental health workers are expected to demonstrate a commitment to best practice, critically appraising how they work and making continual improvements by incorporating evidence-based methods into their work practices. Evidence-based methods are assessed as being the best available and can be integrated with professional expertise to enhance service delivery.

You must also be able to identify when you do not have the necessary skills, expertise or competence to perform the necessary tasks for service delivery and seek assistance when needed.

## Work with your supervisor

The relationship between workers and their supervisors is very important to the quality of support provided by mental health workers. You must engage effectively with your supervisor to get the guidance and emotional support you need, as well as keeping the supervisor informed about the person's progress. Ensure that you record information in the correct manner and comply with professional and organisational standards.



## Keep up to date with best practice frameworks

Your workplace's policies and procedures are likely to be informed by best-practice frameworks for providing the best possible services and care to people with support needs. As part of your own professional development, regularly undertake activities to locate and keep up to date with the latest developments in best-practice approaches to mental health care.

Keep up to date with best-practice developments by:

- ▶ joining industry associations and signing up for newsletters and email alerts
- ▶ regularly scheduling time for your own research activities
- ▶ participating in industry forums
- ▶ attending industry conferences and further education opportunities
- ▶ participating in and extending your professional network
- ▶ reading industry journals, web-pages and relevant blogs.

## Formal assessment protocols

If your work role involves undertaking or contributing to formal assessments of people with mental health needs, make sure that you are familiar with your workplace's policies, procedures and required protocols for doing so.

Formal assessment needs to be undertaken according to strict protocols and using specific tools so that the assessment is fair, ethical and objective. It is also a process that requires great sensitivity and good communication skills to inform the person about the process and to ensure their comfort and collaboration.

Make sure that you are familiar with your work role, responsibilities and the protocols and tools used in your workplace. If you have any questions or feel that you are not competent to undertake an assessment, speak to your supervisor immediately.

### Example

#### Apply best-practice principles and work within relevant protocols to conduct formal assessment



Francine has been tasked by her supervisor to undertake a formal assessment of a person new to the service. Several days before meeting with the person for the assessment, Francine accesses her workplace's latest policies and procedures for undertaking formal assessments.

Undertaking formal assessments is usually performed by another staff member, who is on holidays at the moment. Francine has been specifically trained to undertake formal assessments, but it has been several months

since she has been required to formally assess a person. She wants to refresh her memory about the correct protocols and check whether any changes have been made to the protocols since her last assessment.

Francine discovers that there have been some changes made to her workplace's assessment tool, following the last best-practice frameworks. Francine undertakes her own research about the changes and schedules a meeting to discuss them with her supervisor to ensure that she is competent to undertake the assessment in a manner that upholds the person's rights and meets current best-practice standards.

# Practice task 6

1. Name two common mental health diagnoses in Australia.

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2. Name three serious mental illness diagnoses that you may encounter.

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3. Name two ways that best-practice principles affect formal assessment protocols.

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**Click to complete Practice task 6**

# 1G Collaborate to identify the potential effects of social and other barriers that impact on the individual

People with mental needs must not only cope with the often-disabling symptoms of their disorder, but also with a range of social barriers. Social barriers arise because of a lack of knowledge about mental disorders and the fear and stigma associated with them in the wider community. Stigma and social barriers cause social exclusion, which affect a person's ability to access employment and accommodation, and their ability to participate in social activities.



To support the recovery of people with mental disorders, workers need to be aware of the barriers that impact their lives. They can help consumers by building their support networks and employing empowerment strategies.

## Social justice and inclusion

A fundamental principle of social justice is that everyone has strengths, has value and should be respected to make their own decisions. Justice relates to what is fair and morally correct. Social justice is based on the concepts of human rights and equality. All people have a right to participate in society and to be treated equally.

Your work involves promoting social justice principles and the inclusion of all people in all aspects of community and social life.

Social justice principles recognise that all people have:

- ▶ equal rights in private, employment and legal domains
- ▶ equal access to economic opportunity
- ▶ equal access to education, housing, employment and health
- ▶ equal opportunity to participate in their community and making decisions that affect them.

## Discrimination

To discriminate means to treat someone unfairly or to favour others. For example, refusing to employ someone because of their mental health needs is discriminatory, as is a service failing to provide a person with appropriate individualised services to meet their needs. Discrimination is never acceptable behaviour and is against the law. Many people with mental health needs experience discrimination; for example, exclusion from participating fully in the community as respected, valued citizens.

Discrimination is a lived experience for many people with mental health issues. You can make profound contributions to people's health and wellbeing by helping them identify when they are being discriminated against, address instances of discrimination and access the services they need.

It is every person's human right to be free from discrimination, and it is vital for you to support that right in all aspects of your work.

Fighting discrimination means:

- ▶ educating yourself and others about discrimination, what it looks like and how to get help
- ▶ treating everyone equally and fairly
- ▶ modelling tolerance and respect, and valuing difference, diversity and individual experiences
- ▶ facilitating people's self-advocacy skills
- ▶ facilitating social inclusion and the visibility of people with mental health needs in the community
- ▶ facilitating social connections and connections to advocacy groups, if people choose to participate
- ▶ advocating for people with other services when required (including legal services).

## Identify social barriers that impact on a person

People with mental health needs face a range of social barriers that impact their ability to recover and access opportunities that many of us take for granted. Most of these barriers stem from negative beliefs and lack of knowledge about mental disorders in the wider community, lack of appropriate resources and services, and the person themselves internalising negative beliefs, which makes it more difficult for them to respond to barriers.

## Stigma

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

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

### Misconceptions

- ▶ People with mental illnesses have intellectual disabilities.
- ▶ They should be segregated from the community because they can't look after themselves.
- ▶ They are lazy and indulge in self-pity.
- ▶ They are violent and dangerous.
- ▶ They can't work.
- ▶ They can never get better and will always be a burden on society.
- ▶ They are unpredictable and untrustworthy.
- ▶ They are scary and crazy.

## SMI

Stigma is stronger against some forms of mental disorder than others. For example, psychotic disorders such as schizophrenia and schizoaffective disorder have greater stigma than anxiety disorders.

Many people do not think that people with a serious mental illness (SMI) can:

- ▶ hold jobs
- ▶ be a responsible parent
- ▶ contribute to society in a constructive way.

People are inclined to ridicule or be fearful of serious mental illness because it is outside their experience and they don't understand it.

## Reactions to people with mental health needs

Some of the reactions to people with mental health needs within the community are outlined below. These reactions explore how the unwillingness to learn about mental disorder results in the spread of misinformation.

### Reduced contact

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

### Embarrassment

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

### Spread of misinformation

The fact is that some people may experience episodes of illness but are well for the rest of the time. Only a relatively small percentage of people experience chronic mental illness. A person with mental health needs is no more dangerous to others than anyone else in the community. The media often reinforce many of these negative stereotypes and regularly sensationalise reports about people with mental health needs who are involved in crime.

## Internal barriers

Stigma may create internal barriers for people with mental health needs, such as loss of self-esteem, lack of belief in themselves and other self-defeating behaviours. People who encounter discrimination and stigma often start internalising the beliefs of others, in most cases without realising that they are doing so. For example, if someone is repeatedly discriminated against or told that they are not good enough, they often start to believe it.

Through stigma, abuse and discrimination, people learn that the wider community generally does not understand or trust a person with mental health needs. This can

lead to a cycle that may result in repeated relapses, suicidal thoughts or attempts, hospitalisation and homelessness. People with mental health needs may experience a range of internal barriers.

People with mental health needs may:

- ▶ feel that they don't have the same rights as others
- ▶ feel different and ashamed
- ▶ blame themselves for their situation
- ▶ feel embarrassed to ask for help from family, friends or health professionals
- ▶ become less confident of their ability to control and direct their lives
- ▶ give up believing that they can be well
- ▶ expect to be rejected and treated disrespectfully
- ▶ give up trying to get a job or somewhere decent to live
- ▶ be less likely to seek the treatment they need.

## Systemic issues and barriers

Systemic barriers result from a lack of appropriate services for people with mental health needs and lack of appropriate training and responses from mental health workers. For example, workers may perpetuate the belief that people with mental health needs can't recover, or they may tell someone they should not try to study because they probably won't be able to cope.

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

### Lack of access to accommodation and employment

Many people with mental health needs live with extreme hardship because of a lack of opportunities and/or services to help them obtain work and suitable accommodation. Many live on disability pensions, continually struggle financially and may have inadequate accommodation. Lack of access to jobs or other earning opportunities entrenches poverty and causes stress that may exacerbate mental health needs.

### Lack of appropriate government policies

When widespread stigma exists against a marginalised group of people, governments and policy-makers can more easily ignore their needs. For example, the high incidence of homelessness among people with mental health needs is not an issue that many people are aware of or are concerned about, so it isn't a high enough priority for government to develop policies and spend money to address the issue.

### Other systemic issues that affect people with mental illnesses

- ▶ Lack of coordinated government services to cater for people with mental health needs
- ▶ Lack of resources and staff to develop appropriate services for people with mental illnesses
- ▶ Lack of affordable and safe housing
- ▶ Lack of services to treat people with mental health needs and substance misuse problems
- ▶ Belief among health professionals that people with mental health needs cannot recover

## Help people identify barriers

One of the ways that you can significantly help people with mental health needs to empower themselves is to help them identify any barriers that are impacting them. Many people are unaware of their human rights, may not realise that they are being discriminated against or may not have the skills or strategies in place to address barriers.

A prominent characteristic of some mental disorders is a tendency to self-blame and to feel powerless. As a mental health worker your compassion, support and capacity-building strategies can help people to locate barriers externally, and to access appropriate assistance.

Help people identify and overcome barriers by:

- ▶ educating people about their rights
- ▶ modelling respect and compassion and valuing their individuality
- ▶ helping people locate external barriers and reduce internalisation
- ▶ building support networks, socially and with appropriate services and professionals
- ▶ facilitating capacity-building and empowerment
- ▶ expressing confidence in their ability to recover, meet challenges and succeed
- ▶ promoting social justice and inclusion.

### Example

#### **Collaborate to identify the potential effects of social and other barriers that impact on the individual**

A group of men regularly meet for golf on the weekends. When one of their members,



Peter, behaves oddly one weekend, the rest of the group are annoyed at the disruption to their game and social activities. Peter is in an elevated and grandiose mood, talking and laughing non-stop. This prevents the others from relaxing and having a normal conversation. He swings his golf clubs with abandon, chopping up the turf, laughs in an overly loud and maniacal way, is full of boasts about how much better he is at golf than any of them and he behaves in an inappropriate way with some of the women in the club house.

The others get together and discuss the situation. It is not the first time that Peter has behaved like this. One of them suggests Peter is either on drugs, or that he may be crazy. The others agree. They decide not to invite him to play with them again.

When meeting with his support worker some months later, Peter mentions that he misses his golf buddies, who never call him anymore. Together, they discuss strategies to reconnect with his friends and to educate them about mental illness.

# Practice task 7

1. Name one way that the principles of social justice affect your work activities.

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2. Name two ways that people with mental health needs may be discriminated against.

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3. Name three kinds of barriers that may impact a person with mental health needs.

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[Click to complete Practice task 7](#)

## Summary

1. Each person has an individual journey and recovery process that needs to be supported and respected. Each person is the expert in their own lives and should be encouraged to take responsibility for their own recovery. Your role is to collaborate, facilitate and support.
2. Before creating a recovery plan, create a list of appropriate information sources to consult. You will work collaboratively to create this list by listening to the person themselves and by accessing other opinions, suggestions and ideas. Always respect the person's right to privacy and confidentiality.
3. Explain relevant organisational requirements to people and the way that they affect them. People need to know that they have a right to access and equity, to confidentiality (including disclosure requirements) and to be respected as a citizen. Provide information in a way that supports the individual's needs and ensure that they have access to complaint mechanisms.
4. Consent from the person or their appointed advocate or guardian is required to participate in planning recovery services. Your workplace will have clear guidelines about obtaining consent, which you must follow. If you have any questions, speak to your supervisor.
5. Familiarise yourself with the relevant mental health legislation and practice standards in your location and understand how they shape your role. Use good communication skills to gather information about the person's needs, goals and meanings of recovery from the person themselves and from relevant others, with the person's consent.
6. Be familiar with the common mental health diagnoses and common ways they affect people. When undertaking or contributing to formal assessments of people, make sure that you follow your workplace's policies, procedures and protocols at all times, as these are informed by best-practice principles.
7. Many people with mental health needs suffer from a range of social, systemic and internal barriers that prevent their full inclusion. Helping people to identify these barriers supports them to take real action and to improve the quality of their lives.

# Learning checkpoint 1

## Share and collect information to collaboratively inform the plan for recovery

This learning checkpoint allows you to review your skills and knowledge in sharing and collecting information to collaboratively inform the plan for recovery.

1. Identify two legal or ethical considerations for mental health work and how they are applied in organisations and individual practice.

Legal or ethical consideration for mental health	How it is applied in organisations	How it is applied in individual practice

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

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3. What is a current and emerging model of understanding mental illness in Australia and internationally, and what is one way that it differs from historical models?

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4. What are two ways to use evidence-based practice for recovery, including research and personal development?

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5. What are two ways to keep up to date with local and international best-practice frameworks for assessment?

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6. What are two types of mental diagnoses with which you need to be familiar? Briefly address their common symptoms and preferred treatment.

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7. What are two aspects of working in a recovery-oriented framework?

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8. What approach do you need to use to discuss, determine, source and collect information?

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9. What are two organisational requirements that you need to explain to people when working with them?

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10. What kinds of consent may you be required to obtain from a person, according to your organisation’s policies and procedures?

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11. What are two ways that you can gather and document information that explores and clarifies a person’s preferences, meaning and needs?

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12. What do you need to follow to apply best-practice principles if you are conducting a formal assessment of a person?

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13. What are three kinds of social and other barriers that may impact a person with mental health needs?

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14. What are six values and principles that underpin work in the mental health sector?

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## Topic 2

In this topic you will learn how to:

- 2A** Work collaboratively to develop a person-centred plan for recovery and discuss planning options and tools

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- 2B** Use effective communication strategies and support the person as their own expert

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- 2C** Discuss and confirm the person's choices

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- 2D** Work collaboratively with the person to identify strategies and priorities to achieve goals

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- 2E** Identify possible barriers with the person and the strategies and/or other people that can assist in overcoming them

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- 2F** Develop and document personal wellness plans, risk plans or other plans to meet the person's priorities

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- 2G** Collaborate to identify and balance duty of care and dignity of risk while promoting independence from service

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- 2H** Identify and document the person's and worker's roles and timelines for action

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## Facilitate collaborative planning process for recovery

A recovery plan is a widely accepted tool used to assist consumers and mental health workers to plan, implement and review progress towards recovery. The recovery plan should be developed in collaboration with consumers, and when consent is given, developed in collaboration with informal support networks such as family and friends.

Collaboration means developing a cooperative relationship focused on a common goal. It encourages an effective working relationship as it advocates an honest, equal partnership where contributions by all parties are respected. People feel valued when their contribution is respected.

The quality of care provided to consumers depends on your ability to work collaboratively to clarify service requirements and to deliver the services and activities required to facilitate recovery.

## 2A Work collaboratively to develop a person-centred plan for recovery and discuss planning options and tools

In the past, people with mental health needs had much less control over their lives and important decisions about their care were often made by mental health authorities. These decisions did not always meet the person's needs and were not always in their best interest. Current strategies provide people with a sense of control that encourages them to take responsibility for their own lives and wellbeing.



This topic examines how to facilitate collaborative planning for recovery (which may involve planning transitioning from the service) in the context of a holistic, person-centred approach. This approach is underpinned by best-practice frameworks and focused on the person's choices, preferences, values, needs and goals.

### A holistic and person-centred approach

Optimal mental health can only be achieved if all of a person's needs are addressed through a holistic approach, which means considering the person as a whole. Genetic factors, lifestyle factors, the environment and the individual's personality may place a person at risk of developing mental health needs. Holistic approaches address the whole person including the specific biological, chemical, psychosocial, environmental and individual factors that contribute to their mental health needs. A range of assessments is carried out to form a complete picture of the person. Everyone involved in the person's care is provided with the information they need so they can give the best care possible. The more the healthcare team knows about a person, the more likely they are to offer a quality service that suits the person's needs.

People's needs vary, so a person-centred approach is essential. This approach must also be participatory. Person-centred approaches aim to build the self-esteem and capacity of individuals by involving them in all aspects of their recovery. A sense of control is vital to good mental health.

To follow a holistic and person-centred approach:

- ▶ undertake appropriate assessment to identify all of a person's needs
- ▶ do not focus on the person's mental health needs to the exclusion of their other needs
- ▶ speak to the person by name and look at them when talking to them
- ▶ remember you are working with a person, not a mental disorder
- ▶ focus on what the person needs and wants, not your needs and wants
- ▶ demonstrate positive regard for the person by listening to them and acknowledging their point of view.

## Best-practice frameworks for planning

The *National Standards for Mental Health Services 2010* establish that individuals must be involved in every stage of the mental healthcare process including planning, implementing and evaluating the services provided to them.

Your organisation will have policies that explain the organisation's intent to involve individuals in service planning and support activities. These policies will be supported by procedures that explain how to involve consumers in service planning.

Here are some of the key characteristics of collaborative planning.

### Collaboration

This does not mean that the individual is unsupported. It means that:

- ▶ the individual has the right to make decisions about the care they receive
- ▶ the individual should be informed about all the options available to them
- ▶ all efforts must be made to help the individual to understand the strengths and benefits of various options.

### Empowerment

The main principles of empowerment are to:

- ▶ support the individual to build their capacity, which can include building their confidence, skills and knowledge
- ▶ educate the community about the rights of people with mental health needs
- ▶ include people with mental health needs at all levels within the organisation.

### Holistic and person-centred care

Holistic care means addressing all of a person's needs, including psychological, physical, cognitive, social, cultural and spiritual health. By focusing on all aspects of an individual, you increase the likelihood of a person recovering more quickly and reduce the likelihood of a relapse.

Person-centred care means providing the care the individual wants and needs, as opposed to using a 'one-size-fits-all' model of care.

### Consumer input

Past and current consumers play an important role in improving the quality of treatment provided. They can help organisations shape and improve policies, procedures and practices by providing valuable insight into their experiences as service users. The organisation has an obligation to help facilitate their involvement. Some organisations employ consumer workers to help achieve this goal.

## Consumer participation in collaboration

The level of collaboration that a person participates in regarding planning and all aspects of service delivery can vary widely, depending on the policies and procedures of the mental health service, the behaviour of the health worker and the characteristics of the mental health consumer.

Workers want to promote as much collaboration from the person as possible, and this collaboration may take any of the following forms as required. Here are some examples of consumer participation levels in collaboration, which may fluctuate over time depending on the situation.

### Consumer participation in collaboration

- ▶ The person initiates problem-solving and decision-making.
- ▶ The person and worker are equals, taking a team approach to problem-solving and decision-making.
- ▶ The person is asked to identify preferences, concerns and issues; they are invited to provide input towards potential solutions.
- ▶ The person is given limited input into their care within carefully defined parameters; for example, in situations of mandatory detention.
- ▶ The person's participation is mediated by an appointed carer, guardian, advocate or other.

## Plan for recovery and transition

Meeting regulatory requirements is one good reason for encouraging participation in all aspects of service delivery, including planning for recovery and transition. It is also in the best interest of the mental health service provider and the consumer. Mental health service providers, like all organisations, have certain goals. These goals usually relate to maximising consumer wellbeing in the most efficient and effective way possible. If you work with the consumer to find out what they want and need, you are more likely to develop a strategy that the consumer will use towards achieving desired results.



Participating in all aspects of service delivery also provides consumers with the opportunity to develop their confidence and to take charge of their life. Research has demonstrated that people who have a sense of control over their lives enjoy better mental health than people who feel they have little or no control.

There are many different options that you can offer people to plan for their recovery and transition from the service (if applicable). Offering people service options and access to various tools upholds their rights to self-determination maximises their collaboration.

## Principles of person-centred planning

The following principles should underpin person-centred planning. Your work should always take these principles into account.

### Unconditional positive regard

Unconditional positive regard means that the coordinator values the consumer and does not judge the consumer.

## **Empathy**

Empathy means that the coordinator attempts to see things from the consumer's perspective and understand the consumer's feelings.

## **Congruence**

Congruence means that the coordinator's words and behaviour show a genuine commitment to helping the consumer achieve his or her goals.

## **Different planning options**

If you work in the mental health sector for any length of time, it is likely that you will work with individuals from diverse backgrounds. The individuals you see may be young or old, have a variety of strengths and weaknesses, be from various cultures and have unique personalities. As part of the process of delivering person-centred care, you must make sure you choose the planning options that best meet the individual's needs.



Discussing different planning options with the individual is one of the best ways to encourage them to select planning options that best meets their needs.

While the planning needs to be person centred, the result may be an informal plan. The organisation will provide guidance on planning processes.

## **Informal plans**

Many individualised plans are developed using forms and templates. These documents are useful as they help workers identify and gather crucial information in a standardised way. A formal plan is not always needed and this is particularly true in instances where the plan covers a goal or activity that is relatively minor, such as a person deciding on a different communication approach in their family or setting an informal goal to exercise every day.

## **Person-centred planning processes**

In the past, service providers followed a 'one-size-fits-all' model of consumer care. They developed plans for the individual that met the needs of the organisation, rather than the needs of the person. Individuals were defined by their mental health needs and plans were developed to minimise the impact of those needs. This approach is no longer acceptable. Now, all planning processes must be undertaken in a person-centred manner so that each individual has their own plan and workers focus on the individual's strengths rather than their deficits.

Three commonly used person-centred processes are:

- ▶ PATH – planning alternative tomorrows with hope
- ▶ MAPS – making action plans
- ▶ personal futures planning.

# PATH

PATH (planning alternative tomorrows with hope) is a process where consumers are encouraged to develop reflective and action-based skills to help improve their wellbeing.

Here is a short outline of the PATH process. This process helps individuals identify their goals and specific actions that are required to achieve their goals. It sets out the path of action the consumer needs to take to realise their goals.

## The PATH process

### Self-reflecting

Ask the consumer to reflect on their current situation:

1

- ▶ What do they do?
- ▶ Who do they do it with?
- ▶ How does it make them feel?

### Brainstorming

Ask the consumer to brainstorm what their perfect world would be like:

2

- ▶ What would they be doing?
- ▶ Who would they be with?
- ▶ Where would they be?
- ▶ How would they be feeling?

### Considering actions

Ask the consumer to consider what they need to do to achieve their goals:

3

- ▶ Do they need to increase their skills?
- ▶ Do they need to change their behaviour?
- ▶ Do they need to improve their knowledge?

### Considering resources

Ask the consumer to consider what they need to achieve their goals:

4

- ▶ What physical resources do they need?
- ▶ What human resources do they need?

### Short-term goal-setting

What will they do in the short term to achieve their goal?

5

### Medium-term goal-setting

What will they do in the medium term to achieve their goal?

6

### Long-term goal-setting

What will they do in the long term to achieve their goal?

7

# MAPS

Like the PATH process, MAPS (making action plans) is a process that is driven by the consumer. MAPS is slightly simpler than the PATH process.

The following steps explain the process that should be followed when facilitating individual plan development using the MAPS process. This process helps individuals identify their goals and develop strategies to achieve their goals. It also helps create a team of people who have positive regard for one another and are able to work effectively together.

## The MAPS process



### Facilitate stakeholder meeting

Identify and arrange a meeting of the stakeholders. The key stakeholder should always be the consumer. Other stakeholders can include family members, friends, carers, health professionals and teachers.



### Facilitate communication

Give the individual time to outline their history and describe themselves. This helps the people involved with the consumer begin to understand the consumer's views and values, as well as their concept of themselves and their feelings of self-worth.



### Share hopes and dreams

Ask the stakeholders to describe their hopes and dreams for the consumer.



### Share fears and concerns

Ask the stakeholders to share their fears about the consumer's future.



### Identify strengths

Ask the stakeholders to share their views about the consumer's strengths and positive qualities.



### Identify barriers

Ask the stakeholders to share their views about barriers that the consumer may face in achieving their dreams.



### Brainstorm needs and solutions

Brainstorm needs that the consumer may have.

## Personal futures planning

Personal futures planning is normally used with young people living with disability or mental health needs, who are about to make the transition from schooling to adult life. Coordinators work with young people to identify what they would like to be able to do after secondary schooling and how they will achieve their goals.

This process aims to identify what is important to the consumer, empowering them to actively participate in decision-making and receive appropriate support from service providers to meet their needs. The main aim is supporting community participation by a person, building relationships and focusing on capacities rather than deficits.



## Organisation planning processes

PATH, MAP and personal futures planning are flexible planning options that act as a framework to help coordinators and consumers develop individualised plans.

There are many other planning options that can be used to assist the consumer on their path to recovery. These planning options are more narrowly defined or specific than some of the options discussed earlier. Despite this, you must make sure that all plans reflect the needs, wants and preferences of the consumer. In some cases, a number of plans will be needed to ensure the support provided is holistic and comprehensive. Here are some examples of types of plans and information about how these plans can be used.

### Individual program plan

- ▶ An individual program plan is formal plan that sets out the strategies that will be used to help a consumer achieve their goals in any area of life, ranging from activities of daily living through to personal fulfilment and self-actualisation.

### Care plan

- ▶ A care plan is used to meet the consumer's personal care needs and support the consumer with activities of daily living such as dressing, transport to appointments and recreational activities.

### Treatment plan

- ▶ A treatment plan is used generally by doctors, psychiatrists and medical professionals for treating or managing disease or illness with medication. It is used as a communication tool with the consumer and others in the medical treatment team.

### Education plan

- ▶ An education plan is used to broaden a consumer's possibilities by helping them prepare for and access education, ranging from living skills to postgraduate study.

### Rehabilitation plan

- ▶ A rehabilitation plan is used to assist consumers regain functioning after a chronic or acute injury with the aim to resume work or social activities.

### Employment plan

- ▶ An employment plan is used to prepare a consumer for employment by identifying their education level, skills and experience, local labour market conditions and the availability of training facilities.

### Recreation and access plan

- ▶ A recreation and access plan is used to support the consumer to broaden their social support networks to assist them to enjoy everyday social and recreational activities.

## Example

### Work collaboratively to develop a person-centred plan for recovery and discuss planning options and tools



Kellie is a 35-year-old woman recovering from post-natal depression after the birth of her first baby six months ago. She tells her social worker, 'I'm going to start practising saying "no" more often'. Her social worker, Vic, replies, 'That's very assertive of you. Are you prepared for the reactions?'

'Everyone is used to me saying "yes" all the time – my mother, my husband and my friends. They will be surprised when I say no to some of their demands, but they'll have to get used to it. If I keep trying to make everyone happy, I will go mad,' says Kellie.

Vic says, 'I'm proud of you for making the decision to look after your own needs. Let me know how you go when we meet again next week.'

Vic then makes a progress note in Kellie's file. During their next meeting, he asks Kellie about her progress and they discuss ways to improve upon and extend Kellie's empowerment.

# Practice task 8

1. Name two characteristics of a holistic and person-centred approach.

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2. Name one way that local and best-practice frameworks inform the planning process.

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3. Name three different types of planning options or tools that can be used in a collaborative planning process.

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**Click to complete Practice task 8**

## 2B Use effective communication strategies and support the person as their own expert

When meeting with people to plan their recovery, you need to use all of your effective communication skills to encourage people to communicate their needs, choices and preferences. Many people with mental health needs find communication difficult, so you will need to develop your communication skills to support people, to listen, to understand and to confirm what you have heard.



Using good communication skills to support people is a vital aspect of respecting each person as the expert in their lives and ensuring that their voice is heard. Your communication skills serve as a good model for people with mental health needs. When used sensitively, both verbal and non-verbal communication demonstrate your respect for the individual as the driver in their recovery journey.

### People as their own expert

Collaboration encourages an effective working relationship as it advocates an honest, equal relationship, where the consumer's lived experience is acknowledged and they are respected as being the experts in their lives.

Supporting consumers to make their own decisions means they have more control over their own lives, contributing to their empowerment.

A collaborative partnership displays a commitment to a person-centred approach. It empowers consumers by encouraging them to develop an understanding of what they want and need, and supports them to make decisions and choices to control all aspects of their lives.

Consumer participation in the delivery of support services:

- ▶ reflects a commitment to values related to human rights, dignity and empowerment
- ▶ promotes the development of a partnership between the consumer and the mental health worker
- ▶ ensures that the strategies developed are what the consumer wants
- ▶ encourages a commitment by both parties to implement the agreed strategies.

### Foster strengths

It is extremely motivating for a person with mental health needs if workers focus on achieving optimal health rather than focusing on negatives. Personal growth (meaning self-development) is one of the humanistic approaches to psychology. People pursuing personal growth are empowered to develop their own strengths.

This is considered to be a best-practice approach, as it encourages the individual to build their capacity to manage their life. It also validates their worth.

Here are just some of the ways that you can foster people's strengths.

Foster strengths to encourage personal growth and development by:

- ▶ providing structured and semi-structured programs such as clubhouse models along with one-to-one mentoring to help consumers take charge of their recovery
- ▶ looking for the consumer's strengths and validating their worth by acknowledging these strengths; these can be utilised when developing recovery plans
- ▶ working out the consumer's goals and aspirations and using this information to help them develop a plan for personal growth
- ▶ reminding people of what they have achieved
- ▶ providing options that people may not have considered previously
- ▶ demonstrating respect, courtesy and compassion at all times.

## Focus on strengths

An important component of recovery and psychosocial rehabilitation models is the focus on the person's strengths rather than their limitations or weaknesses.

Here are some ways to identify and build on a person's strengths.

### Identifying strengths based on characteristics

Workers should help consumers discover and work with their strengths. Strengths may encompass a range of characteristics such as:

- ▶ the ability to manage and make do with limited financial resources
- ▶ sporting or artistic ability
- ▶ the capacity to enjoy nature
- ▶ the capacity to enjoy trips to the art gallery.

### Drawing out information about interests

Strengths may also be based on interests, but sometimes people may find these difficult to articulate. Information may come out in conversation; for example, a consumer may say that they enjoy cooking, or helping others. These may seem like simple activities, but they can provide a starting point to build a person's sense of competence and usefulness.

### Helping people to pursue their interests

You can help a consumer to pursue their interest in cooking by helping them find recipes and encouraging them to build up their confidence as a cook. They may decide to study cooking or simply cook for others. For someone who wants to help others, the worker may discuss with them volunteer opportunities where they can do this, starting off with small periods and building up.

## Effective communication skills

One of the key ways to respect the person as their own expert when planning is to utilise effective communication skills. To communicate effectively with individuals and groups, workers need to ensure that they are courteous and respectful and do not

make assumptions about what people need. It is also important to listen attentively to people to develop a shared understanding of their concerns and needs when undertaking motivational interviewing and/or counselling.

Core communication skills for mental health support workers:

- ▶ Active listening
- ▶ Attending skills, use of body language and non-verbal communication
- ▶ Paraphrasing, summarising and reframing
- ▶ Reflecting feelings
- ▶ Open and closed questioning or probing
- ▶ Exploring options

## Active listening

Active listening involves listening with full attention and focusing on understanding what the person is saying and experiencing. It is a fundamental component of establishing a good working relationship with a person. You need to be approachable but professional. Show the consumer they can trust you. Don't just tell them you are interested in their input. Show them you are interested in their response by maintaining appropriate eye contact. Give them time to speak. Listen actively to show them you are listening and are trying to understand what they want and need. Don't interrupt.

Active listening involves:

- ▶ providing the person with the chance to speak; let them talk without interruptions
- ▶ using verbal prompts such as saying, 'Go on', 'Tell me more' and 'What happened next?'
- ▶ using nonverbal encouragers such as nodding and leaning forward
- ▶ asking clarifying questions such as, 'So it sound like ...', 'What did you mean by ...?'
- ▶ summarising the person's statements; for example, 'It sounds like it's been a really difficult year for you'.

## Listening techniques

Use active and reflective listening communication techniques to maintain a respectful relationship and provide empowerment to people by acknowledging that what they say is valued. Pay close attention and focus not only hearing what a person is saying, but also observing and interpreting what is being communicated, verbally and nonverbally. Active listening is necessary to understand the meaning and feelings being conveyed and is an important component of hearing to an individual's concerns. Active listening involves responding to the person to clarify information, and paraphrasing what has been said to encourage the speaker to continue.



Listening is an active process that requires you to be alert and responsive. Listening is not just waiting for a gap so you can jump in with what you want to say. Active listening means that you are really hearing what the other person is saying and are responding appropriately.

## Types of listening

There are four main types of listening, which are described here. You may find that different situations benefit from a particular listening approach.

### Attending listening

Attending listening involves physical attention to speaker via body language and acknowledging comments. Examples include using nonverbal body language, such as nods, facing the person, open posture and positive facial expressions. Attending listening is really saying 'I hear you ...'

### Encouraging listening

Encouraging listening invites the speaker to disclose their thoughts and feelings. You can encourage listening by asking, 'I would like to know why you think ...' or 'What do you think was the best thing about the ...'

### Reflective listening

Reflecting listening restates (paraphrases) what the speaker said and is useful for the confirmation of a message. Examples include, 'So, you really think that is a good service' and 'You seem pretty impressed'.

### Active listening

Active listening focuses attention and provides feedback to match the perceived message and the intended message. It is a conscious attempt to relate to what the other is saying; for example, 'I understand what you mean and it sounds a really exciting idea'.

## Use of body language and non-verbal communication

There is a power imbalance between a person with mental health needs and a person without. There is also a power imbalance between a worker and a consumer. It is your job to reduce this imbalance so the consumer feels comfortable participating in planning and support activities.

One of the most direct ways to do this is to demonstrate good attending skills and to use and interpret body language effectively, as well as other types of non-verbal communication. Ensure that your body language is consistent with your verbal communication, as people are confused by mixed messages. Be aware of your facial expressions, how your body is positioned, your proximity to the individual, your hand and arm movements and level of eye contact.



## Communicate nonverbally to address power imbalance

Here are some specific ways that you can use non-verbal communication to reduce power imbalances and encourage people to communicate more effectively.

### **Remove barriers**

- ▶ As well as removing any communication, language, cultural or access barriers, physical barriers such as desks can make a person feel disconnected from you.

### **Adjust your position**

- ▶ Sit at a 90-degree angle to the consumer: if you sit facing them they may feel under attack, if you sit next to them they will not be able to see your face and communication will be difficult. Sitting at a 90-degree angle allows you to see one another and work together.

### **Communicate equality**

- ▶ Be physically equal. Make sure both chairs are of the same height and size so neither one of you appears dominant.

### **Body language and mirroring**

- ▶ Subtly match the consumer's body language. If you are discreet, mirroring helps consumers feel at ease. Be aware of what the person's body language is communicating, as well as what yours communicates.

## **Paraphrase, summarise and reframe**

The following techniques support people as they explore what they are experiencing with a support worker.

You can learn more about reframing at:

- ▶ <http://aspirelr.link/changing-minds-reframing>

### **Paraphrasing**

Paraphrasing involves restating what the speaker has said to confirm that you understand what they mean. This motivates the person to continue, as you are demonstrating that they have been heard. Paraphrasing can also be used to draw attention to a particular concern; for example, 'So you are concerned that the lack of a community centre affects people's health and wellbeing?'

### **Summarising**

Summarising involves focusing on the main points of what an individual has said over time to draw attention to a particular issue or check understanding. It is a longer version of paraphrasing, and is also motivational and can lead to reframing.

### **Reframing**

Reframing involves providing people with different ways to interpret actions, beliefs, challenges or opportunities. A common characteristic of many mental disorders is a certain rigidity of thinking. By reframing something, you not telling a person that what they think is wrong, you are providing them with another option to consider. For example, if someone has been fired from a job, you could reframe the situation by suggesting that it is an opportunity to find a job that better suits them.

## Reflect feelings

Reflecting what an individual seems to be feeling helps them to get more in touch with their feelings and examine them. For example, you could say, 'You seem really upset about what happened'. Acknowledging their feelings helps people to understand their motives and make clearer decisions.

Additionally, to encourage individuals to tell their stories and to establish rapport, respect and trust, workers must be able to convey congruence or genuineness, unconditional positive regard (being non-judgmental) and empathy. These qualities are explained here.

### Genuineness

This refers to when you are genuine in your interest in an individual and what he or she has to say. While this is often subtle and not consciously noticed, people do pick up on your level of interest and compassion.

### Non-judgment

This refers to when you respect an individual by showing them unconditional positive regard. This means accepting the other person unconditionally, without judgment, disapproval or approval. This helps the other person to feel increased self-regard and to value their own experience.

### Empathy

Having an empathetic understanding means that you try to understand the individual's perspective or internal frame of reference, instead of imposing your own views on them. This is a fundamental aspect of respecting all people.

## Types of questioning

Asking the right question is essential for effective communication and gaining the required information from consumers. Your questions should always be asked in an open manner that invites the other person to respond. The other person should not feel like they are being cross-examined, judged or patronised.

Some common questioning techniques and when to use them are summarised here.

### Closed questions

- ▶ Closed questions require a very short or single-word answer, such as yes or no.

### Open questions

- ▶ Open questions are constructed to get a much longer answer than a closed question. They allow people to give their thoughts and opinions; for example, 'Why you enjoy walking?'

### **Probing questions**

- ▶ Probing questions are an extension of open questions, and can be used when you want to know more details about the topic you are discussing. Probing questions clarify the details of what you have heard; for example, 'So you went on Tuesday, not Thursday?'.

### **Leading questions**

- ▶ Leading questions are designed to lead the other person to your way of thinking. A leading question will include the direction the question asker wants to go in. They are structured as a question rather than a statement, so that the listener still has freedom in their response.

### **Hypothetical questions**

- ▶ Hypothetical questions are asked to probe a certain situation further. They are usually used to consider future and possible scenarios.

## **Explore options**

One of the key aspects of facilitating collaborative recovery planning is exploring options with people. Many people with mental health needs have challenges with disordered thinking, lack of concentration, medication side-effects, lack of self-esteem, learned helplessness and other self-defeating behaviours. Providing people with options that they may not have considered before is a profoundly beneficial way to open up people to new possibilities for recovery and to respect their ability to choose.

Always remember that the person is the expert in their own lives and that you need to respect their choices, even if you do not agree with them. Your job is to help the person reach their recovery goals, not to set the goals or outcomes for them.

You can help people explore options by:

- ▶ making suggestions
- ▶ asking the person what they've tried in the past that worked well
- ▶ assisting people to identify their goals
- ▶ assisting people to reframe their experiences
- ▶ assisting people to analyse previous experiences and find different solutions
- ▶ revisiting the matter on several occasions to explore it further
- ▶ undertaking research on behalf of the person or directing them where to undertake their own research.

**Example**

**Use effective communication strategies and support the person as their own expert**

Theo answers the door and barely grunts a greeting to Jenna, his mental health support worker. Jenna keeps her own greeting quiet and low-key, as she knows that Theo takes a while to warm up and feel comfortable communicating.



As they head to the kitchen to sit down, Jenna makes a few small comments about the weather, glancing at Theo to check his body language.

After asking Jenna if she'd like a cuppa, Theo looks more comfortable as he goes about making tea for them both. From previous meetings, Jenna knows that Theo finds it easier to communicate while he's busy, so he doesn't have to engage in too much eye contact. To facilitate easier communication for Theo, Jenna asks if they can take their tea outside and if Theo can show her the garden.

Jenna uses Theo's obvious enthusiasm for the garden as a way to establish rapport and to make him feel more comfortable. She uses this as a starting point to discuss their planning session.

## Practice task 9

1. What are three reasons why it is important to use good communication skills in planning meetings with people with mental health needs?

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2. Name three effective communication skills with which you should be familiar.

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3. Name two ways to focus on people's strengths.

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**Click to complete Practice task 9**

## 2C Discuss and confirm the person's choices

It is important that consumers and their support networks understand the services and support to be provided by you, your agency and any external sources. A clear understanding means there is a greater chance of compliance with the recovery plan, which leads to better consumer outcomes and less chance of misunderstandings, non-compliance or conflict. It is the mental health worker's role to ensure that consumers are actively involved in the development and implementation of their recovery plan. This is a professional and ethical obligation and also enhances empowerment for mental health consumers, giving them a sense of control over their own lives.



During recovery planning, it is important to discuss and confirm the person's choices for personal wellness, the development of self-efficacy, their cultural requirements and their values, meanings and purpose in life. These elements guide the recovery planning and must be clearly discussed and regularly confirmed to see if any changes are needed.

### Cultural requirements

Diversity responsiveness forms one of the core standards for mental health services in Australia.

When planning a person's recovery, it is important to consider, discuss and confirm any cultural, language, religious/spiritual and/or gender requirements that are important to the person. In Australia's diverse multicultural communities, you may encounter people with a wide range of cultural requirements, including people from a culturally or linguistically diverse (CALD) background, including Indigenous Australian people.

People's cultural requirements vary significantly between cultures and between individuals within a culture; it is important to treat everyone as an individual and get to know their individual needs.

Here are some common cultural requirements that you may encounter when planning for recovery.

#### Language needs

Any language requirements need to be met to ensure people can understand and communicate their needs and choices. Access translation services, interpreters and cultural interpreters as required. Be aware that using family members or members of local community as interpreters may not be appropriate, as it may cause people to censor themselves and affect the person's privacy.

### **Steps for social inclusion**

Indigenous Australian people and people from CALD backgrounds are often at greater risk of social exclusion. The history of colonisation and dispossession has created feelings of alienation for many Aboriginal and Torres Strait Islander people. For individuals from CALD communities, the circumstances of leaving their home country, sometimes under violent and traumatic circumstances, can create feelings of fear and anxiety that make participation in the community difficult. Lack of English language skills can also impact on the ability to be connected with the community.

Specific steps to promote social inclusion and connection to the community may be required.

### **Different communication norms**

Aside from language differences, consider cultural differences when exploring nonverbal gestures. One culture may find prolonged eye contact aggressive, whereas another culture may find that avoiding eye contact means the person has something to hide. Workers need to ensure that they don't place their own values and beliefs onto individuals. Be objective, non-judgmental and assess each consumer individually.

### **Respect for cultural specifics**

Express respect for people's culture, including any specific needs such as dress, food, holidays, grieving processes, etc. While you are not expected to be an expert in every culture, get to know basic cultural requirements (for example, do not name or represent the image of Indigenous Australian people) and specifically research prominent cultural groups in your community.

### **Differences in gender and age roles**

Some cultures have specific gender roles and many have special respect for their elders. Be aware of these roles and how they affect the person's life, communication and choices. At times, some cultural differences may conflict with your beliefs, but you must always demonstrate respect.

### **Different beliefs and understandings of mental health needs**

Some cultures have very different beliefs and understandings of mental health needs, its treatment and expectations of recovery. While people's cultural beliefs and practices need to be respected, your focus should be on supporting the person holistically.

### **Religious/spiritual beliefs**

Always respect people's religious and spiritual beliefs and facilitate these needs in your collaborative planning, according to the person's needs. Be aware that some people within a cultural may practice their religion in a very strict form, where others have less religious belief.

## Self-efficacy

One of your roles as a mental health worker is to support people's self-efficacy. This refers to a person's belief in their own ability to make choices, undertake actions and achieve their goals. People need to feel empowered to lead their own recovery journey, which you can facilitate.

Facilitating empowerment is a process that acknowledges power dynamics, understands that individuals are the experts in their own lives and supports individuals and their families to make informed decisions and choices. Make sure that people's choices are heard, respected and are at the centre of their recovery plan. Additionally, support people to make choices that reflect and build upon their self-efficacy skills and that promote independence, self-accountability and self-motivation, as appropriate to the individual.

Self-efficacy is strengthened by:

- ▶ acknowledging previous successes
- ▶ setting realistic, achievable goals
- ▶ modelling your behaviours on other people's successful processes
- ▶ self-encouragement and encouragement from others
- ▶ being treated with dignity and respect
- ▶ making choices.

## Personal wellness

Each person's goals regarding their recovery are individually defined, as each person has their own ideas of what personal wellness and wellbeing looks and feels like to them. Rather than imposing our ideas of wellness onto people, we encourage them to imagine, define and set goals towards reaching their own picture of personal wellness.

Discuss people's choices and encourage people to see how these choices will lead to greater personal wellbeing, as they have defined it. A person's individual definition of wellbeing may involve making changes and setting goals in any of the following areas.

### Elements of personal wellbeing

- ▶ Physical wellbeing (making choices to be safer, more secure or physically healthy)
- ▶ Mental/emotional/psychological wellbeing (making choices to gain more emotional support, to manage or to improve their mental/psychological health)
- ▶ Financial/career wellbeing (making choices to improve their financial situation, to begin or to maintain career progress)
- ▶ Social and environmental wellbeing (making choices to improve their social inclusion and to improve their environments)
- ▶ Intellectual and creative wellbeing (making choices to learn more, express themselves more and find intellectual or creative fulfilment)
- ▶ Spiritual wellbeing (making choices that address whether religion or spirituality is important to them and making choices to strengthen their spiritual wellbeing)

## Values, meaning and purpose in life

Supporting people's values, their sense of meaning and purpose in life is a fundamental aspect of empowerment. By supporting people to make choices that reflect their personal values and sense of purpose, workers facilitate people's self-efficacy and support their human rights.

You can support people's values and purpose by:

- ▶ helping the person define what's important to them and articulating a personal sense of life purpose
- ▶ respecting their choices and differences
- ▶ meeting their cultural, language and access needs
- ▶ treating them holistically and not focussing solely on their mental health needs
- ▶ valuing everyone's contributions as citizens
- ▶ expressing respect, empathy and compassion for the person's recovery journey
- ▶ expressing confidence in the person's ability to reach their recovery goals.

## Discuss and confirm choices

Keep the person at the centre of the planning session. Remember that the individual recovery plan should reflect the individual's goals and preferences. People with mental health needs can sometimes feel overwhelmed and may be reluctant to voice their opinion or disagree with the options suggested. Use your good communication skills, read people's body language and refer back to people's choices to confirm that they are actually communicating their choices.

Facilitate discussion and confirmation of choices by asking:

- ▶ What are your priorities?
- ▶ What would you like to focus on first?
- ▶ Can you think of anything that might prevent this plan from working?
- ▶ What are your preferences?
- ▶ Which options do you prefer?
- ▶ Do you think doing ... will work?
- ▶ What has worked well for you in the past?
- ▶ What are your strengths?
- ▶ What does wellbeing look like to you?
- ▶ How do you think this choice will lead to your recovery goal?

### Example

#### Discuss and confirm the person's choices

Fared has experienced clinical depression for most of his adult life. He has sought assistance from his general practitioner, psychiatrist and the beyondblue organisation. He is committed to achieving recovery from his depression. Fared explains:



'For me, recovery is a deeply personal, unique process of changing my attitudes, values, feelings, goals and skills. I want my life to be satisfying and hopeful, and I want to make a contribution to society. Recovery involves the development of new meaning and purpose in my life beyond my mental health needs.'

# Practice task 10

1. What are three common cultural requirements that you may need to discuss with consumers?

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2. Name two ways to strengthen a person’s self-efficacy.

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3. What are two questions that you can ask to discuss and confirm people’s choices for personal wellness, development of self-efficacy, cultural requirements, values, meanings and purpose in life?

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**Click to complete Practice task 10**

## 2D Work collaboratively with the person to identify strategies and priorities to achieve goals

Individuals have a right to make choices, participate in all aspects of life and feel safe. It is your role to help a consumer develop a set of achievable but challenging goals, and understand the risks associated with actions to achieve these goals so that they can make informed decisions. Working collaboratively with the person involves promoting self-advocacy skills and strategies, and supporting people's self-efficacy by modelling strategic goal-setting.



### Identify goals

Most consumers have a general idea about what goals they would like to achieve. These can include achieving good physical and mental health, having better relationships, having a purpose and controlling risk-taking behaviours. These goals are all reasonable, but they are quite vague. It is your job to help consumers define the parameters for these goals.

One framework that can help is known as SMART goals planning. Here are the steps in the SMART goals planning process.

**S**

**Specific:**

Target and clearly define a specific area that you want to improve.

**M**

**Measurable:**

Suggest an indicator of progress; quantify if possible. Determine how you will know the goal has been achieved.

**A**

**Attainable:**

Agree what the goals should be and keep them achievable in the time frame.

**R**

**Realistic:**

Identify what results can realistically be achieved given the available resources, knowledge and time.

**T**

**Time framed:**

Specify when the result can be achieved; make sure there is enough time to achieve the goal, but not too much time.

### Identify resources needed to meet goals

While the chosen goals must reflect the consumer's preferences, it is your responsibility to work with the person to help them clarify their goals and identify the resources and strategies that will help them to achieve these goals. Active listening is an important skill that can help you collaborate to establish a person's goals.

Some of the resources that the person accessing services may require include the support of others, time, money, transport, physical resources or self-confidence. It is your job to help the consumer work out what is needed and how they might go about acquiring these resources. Here is more information about some of the resources that people may need to meet these goals.

### **The support of others**

Other people who can help with goal achievement include the individual's friends and family members, workers, allied health workers and other professionals.

### **Time**

Individuals may need support managing their time. Mental health needs can impair a person's ability to manage and use their time effectively.

### **Transport**

Some goals may require travel to recreational groups or to specialists. The lack of a car, money for petrol, a driver's licence or reliable public transport can make it hard for some people to achieve their goals.

### **Money/physical resources**

There are many support services available at no cost but other services may require a small or full contribution, which the consumer may not be able to afford. Funding may be available from the relevant department of human services in your state or territory, Centrelink or the Department of Veteran's Affairs. The availability of funding will depend on what the money will be used for and whether the consumer meets eligibility criteria.

Similarly, if a person needs physical resources, perhaps they can be donated, hired, or bought at a discount.

### **Education/training**

While some goals may require formal training to achieve, such as undertaking formal education at a school or university, other goals may require informal skills-development such as developing better self-esteem or developing financial-management skills. You can help people to identify gaps in their skills and help them access appropriate formal or informal training.

## **Identify strategies needed to meet goals**

The strategies selected to achieve an individual's goals will vary depending on their goals and circumstances. For example, the strategies used by a person planning to leave an abusive relationship will be quite different from the strategies used by a person who wants to quit smoking.

Some consumers will have similar goals, but will use different strategies. For example, to meet the goal of quitting smoking, a person could choose several strategies, such as using hypnotherapy, using nicotine patches or going cold turkey.

Strategies used by consumers to achieve their goals include:

- ▶ learning new skills
- ▶ medication
- ▶ assertiveness training
- ▶ therapy
- ▶ change in diet
- ▶ change in lifestyle
- ▶ change in social network
- ▶ the introduction of new networks.

## Self-advocacy

The collaborative recovery planning process is designed to promote individuals' empowerment and develop their ability to self-advocate. While workers support people and advocate for them when appropriate, we want to facilitate people's ability to be their own advocates, to make their own choices, to speak up for themselves and their rights.

With this goal in mind, consider how your collaboration can promote self-advocacy skills in people and ensure that you implement strategies that promote people's self-advocacy, such as collaboration, empowerment and capacity-building.

Here are some ways that you can promote people's self-advocacy.

### Promote self-advocacy

- ▶ Encourage people to make choices.
- ▶ Support people to express their preferences and identify their needs.
- ▶ Demonstrate and modelling good communication skills.
- ▶ Provide support and encouragement.
- ▶ Respect the person's recovery journey and position as the expert in their own lives.
- ▶ Educate people about their rights.
- ▶ Meet people's communication, access, language and cultural needs.
- ▶ Facilitate people's access to advocacy groups.
- ▶ Facilitate social inclusion and community engagement.

## Identify priorities for meeting goals

Once a person has identified their goals, as well as the resources that will be needed and the strategies that may be required, you can further support them by helping to identify their priorities for meeting their goals.

In practice, this often involves helping people create a systematic plan to meet a specific goal or to prioritise between separate goals. Here are some of the ways that you can help people identify priorities for meeting their goals.

### Strategic thinking

- ▶ Some people find strategic thinking difficult and may need you to guide them to identify their most relevant priority through gentle questioning.

### **Systematic planning**

- ▶ Breaking down the process to achieve a goal into small, practical priorities and steps is very beneficial, particularly for people with poor self-esteem and low self-efficacy.

### **Documentation**

- ▶ Assisting people with documenting their plan to meet their goal helps people keep on track and monitor their progress, and is particularly helpful for people who may have difficulty remembering complex ideas or tasks.

### **Prioritising different goals**

- ▶ By talking through processes, strategies, resources and goals, you can help people identify if they need to prioritise certain goals over others; for example, a person needs to learn to drive and get a licence before they buy a car.

### **Providing encouragement**

- ▶ Sometimes, people just need some encouragement or reminders about what they've achieved to motivate them to prioritise goals that are important to them.

## **Transition beyond the service**

Ideally, workers want to support people's recovery to the point where their services are no longer needed and when the person's goals have been met. While we offer supports as long as they are needed, we also want to encourage people's independence, autonomy and self-efficacy. When a person sets a goal to transition beyond the service, make sure that you treat this goal like any other and support the person by providing assistance with resources, implementing appropriate strategies and creating a systematic, prioritised plan to meet the goal.

## **Plan autonomy from the service**

Transitioning to full autonomy from the service should be planned carefully to ensure that the person has in place the skills that they need to manage various outcomes, and the support structure in place to access assistance if they need it. The strategies needed to assist a person to transition will vary depending on the individual circumstances.

Transition planning may involve:

- ▶ gradually decreasing the level of services, meetings or supports as the person becomes more self-reliant
- ▶ scheduling an appropriate period of independence and a review to monitor progress (for example, six months after transitioning)
- ▶ undertaking a process to identify skills needed before transitioning and developing those skills systematically
- ▶ strengthening the person's independence, autonomy and self-reliance
- ▶ strengthening the person's support network (for example, ties to the community or family interaction)

- ▶ collaboratively reviewing the person’s recovery journey to help them identify their successes
- ▶ identifying triggers or signs of relapse to help the person be able to self-identify if they need assistance.

**Example**

**Work collaboratively with the person to identify strategies and priorities to achieve goals**

Jacob, a support worker, works with Tom to find out what he wants and helps him set SMART goals. Jacob knows that it is not enough just to set goals, and that he must also work with Tom to find out what he needs to achieve his goals.

Jacob: Imagine you are an older person looking back on your life. What are you most proud of?

Tom: My role as a dad.

Jacob: Most of us want to be better parents. What does being a better dad mean to you?

Tom: Spending more time with the kids. An hour or two after school would be great.

Jacob: What do they like to do?

Tom: Kick the footy.

Jacob: Could you give that a go?

Tom: I suppose – but I don’t know whether I have enough time.

Jacob: Have you considered scheduling time for them?

Tom: Like in a diary? Okay.

Jacob: Why don’t you start small? Perhaps aim for 20 minutes three times a week. When will you start?

Tom: When I get a chance.

Jacob: When do you think you will get a chance?

Tom: I’m not sure.

Jacob: How about you start tonight?

Tom: Yes, I’ll do that. No harm in trying.



# Practice task 11

1. What is one goal-setting method that you can use with people collaboratively?

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2. What are two ways to promote people's self-advocacy?

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3. Name two strategies that you can use to support people's goal to transition beyond the service.

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[Click to complete Practice task 11](#)

## 2E Identify possible barriers with the person and the strategies and/or other people that can assist in overcoming them

Developing a recovery plan in collaboration with a person with mental health needs involves identifying any possible barriers or risks involved in the goals set and actions to be taken. While every action involves some level of risk, your job is to work with the person to identify any possible risks or barriers and to identify strategies to overcome them. Often, these strategies include gaining assistance, resources or information from other people who can assist in responding to any likely challenges.

### Possible barriers to achieving goals

Stigma, stereotyping, discrimination and systemic barriers encountered by people with mental health needs have widespread and potentially life-threatening effects. People with mental health needs have a higher likelihood of living in poverty, being homeless, or taking or attempting to take their own life, having repeated relapses that require hospitalisation, spending time in prison and resorting to substance misuse. As a result, your work to help people identify barriers to their recovery and address them can have profound effects on people's health and wellbeing.



Workers should help individuals identify any possible barriers that they are likely to encounter in meeting their goals, including measures to offset these barriers within the recovery plan itself. Potential barriers can involve lack of physical resources, lack of education or training, internal barriers such as lack of confidence, or social and systemic barriers such as discrimination or lack of opportunities for employment or accommodation.

### Identify possible barriers

You can undertake different activities to identify possible barriers with the person, including the following.

#### Ways to identify possible barriers

- ▶ Step back and think critically about the goals and the action steps to be taken.
- ▶ Research and gain more information.
- ▶ Consult with experts and/or supervisors and colleagues to gain their input.
- ▶ Collaborate with the person to identify barriers that have occurred in their past.
- ▶ Undertake a risk assessment of the proposed action steps.

## Identify possible risks

Additionally, workers need to support people's goals by identifying possible risks involved in their plan. Each action step needs to be assessed for possible risk and adapted to minimise or eliminate that risk as much as possible, and as relevant for the person's specific circumstances.

A similar risk assessment procedure that you use to analyse WHS risks in the workplace can be adapted to use with people. Risks such as physical safety, economic risks and social risks of abuse and discrimination can all be assessed and factored into the person's recovery plan.

People should be encouraged to make informed choices about actions that involve risk, which you can support by providing people with another point of view, with more information or with alternative options to consider. For example, if a person's goal is to move out of home and live independently, you can work with them to create a plan that maximises their safety, minimises risk of economic hardship or homelessness and creates the greatest chance of success.

## Identify strategies to respond to challenges

Mental health workers can help consumers overcome barriers and challenges by building their resilience and natural support networks and employing strategies to empower individuals and the relevant others in their lives. Here is more information about some of the general strategies for helping consumers to address barriers, risks and challenges in meeting their defined goals.

### Provide information

Ensure that consumers and families and/or carers have factual information about mental health needs and about strategies for coping and fostering wellbeing. It is important to encourage both consumers and carers to believe that recovery is possible.

Workers can foster hope by providing carers and consumers with information brochures and references to books and websites that demonstrate that many people do recover. When people feel there is hope for their recovery and they have role models that demonstrate this, they are more likely to be able to deal with setbacks and barriers to achieve their goal. Hope fosters resilience. Without hope people may become defeated and overwhelmed by their symptoms and diagnosis.

Link the consumers to recovery programs and to consumer workers who can share their own experiences of overcoming barriers.

### Focus on strengths

An important component of recovery and psychosocial rehabilitation models is the focus on the consumer's strengths rather than their limitations or weaknesses. Help consumers discover and work with their strengths.

Strengths may encompass a range of characteristics such as the ability to manage and make do with limited financial resources, sporting or artistic ability, or the capacity to enjoy nature or trips to the art gallery. Identifying strengths in this way involves creatively looking at the skills involved in everyday living and people taking pride in each achievement that they make.

## Provide choices and options

Mental health consumers often feel stripped of their self-respect and ability to choose their own life course. Workers should try to foster a sense of empowerment in consumers to help them re-engage with a sense of direction and control in their lives. You can do this by providing options and choices and involving people in decision-making about services, activities and programs. The goal of non-clinical services is to work in partnership with consumers on their journey to wellness, rather than just delivering services and treatment as they see fit.

By encouraging consumers to make choices about what they want, workers are treating them as valid and worthwhile people. This is important because people with mental health needs often expect to be treated disrespectfully and as though they don't have any rights. They start feeling as though they are not worthy or competent enough to make choices about their own lives.

## Find solutions

People with mental health needs can be so overwhelmed and frustrated by their illness that they lose their ability to focus on and find solutions to situations or problems. They may start expecting others to make decisions and find solutions for them. Workers should encourage them to learn how to solve problems and find solutions. For example, a person may want to get their driving licence but have no idea how to go about it, lack confidence and want someone else to arrange it for them. Workers can help by breaking the process down into small steps and helping the consumer to complete each step before moving on to the next. For example, the first steps may involve getting information about driving schools and deciding which one seems the most suitable.

Social barriers of some kind will always be present. Mental health workers must focus on boosting the consumer's ability to find solutions and promoting a sense of resilience. By empowering individuals and working on their strengths, mental health workers can help individuals overcome self-limiting beliefs and reduce the impact of external social barriers.

## Engage in cooperative effort

People with mental health needs who have strong, consistent support networks have a better chance of overcoming barriers than those who don't. Mental health workers should try to work in partnership with the individual, their family and/or carer and other support networks in a cooperative effort to foster wellness and recovery.

Isolation and marginalisation are among the greatest barriers that people with mental health needs face. When a range of support people work together to help the person stay engaged and focused on wellness, the individual is less likely to relapse and require hospital treatment.

## Identify people to assist with responding to challenges

Having a strong support network is one of the greatest advantages that people with mental health needs can have in their recovery. Part of your role is to assess what natural or informal supports an individual has in their environment, and help them identify people who can assist them when challenges arise, when they face a barrier or when they encounter a risk and need encouragement and support.

Just like anyone else, people with mental health needs require a sense of belonging and support to overcome social barriers in their environment. Many studies have now shown that people who have a strong informal support network are much more likely to recover than people who have few social links and who feel excluded and ignored. A supportive and caring environment can help an individual manage their symptoms and deal with the many difficulties they face.

People who can fulfil this role may include:

- ▶ family
- ▶ carers
- ▶ friends
- ▶ neighbours
- ▶ social networks
- ▶ co-workers
- ▶ employers
- ▶ advocacy or support groups.

### Example

#### Identify possible barriers with the person and the strategies and/or other people that can assist in overcoming them

A number of consumers at a mental health service complain to the coordinator of



their service that they have given up looking for jobs because it is just too hard. No one wants to employ someone with mental health needs. The coordinator decides to start a job club that will focus on empowering her consumers and building on mutual support.

She organises different representatives from the community to come to talk about how they can overcome barriers to finding a job. These include the following people:

- ▶ a consumer worker, to talk about what he did to find a job
- ▶ an employment agency representative, to offer specialised tips on job hunting
- ▶ a psychologist, to talk about dealing with rejection and developing resilience
- ▶ representatives from different organisations who consider employing people with mental health needs, to discuss what they expect of their workers
- ▶ representatives from local charities and volunteer organisations, to talk about how volunteering can help to build skills
- ▶ a career guidance counsellor, to help people with mental health needs determine what type of work would suit them the best.

Five out of eight consumers find paid work and three are doing volunteer work to help develop their skills. All consumers say they learned from these sessions to believe in themselves, keep trying and that they can overcome barriers because there are people out there who are willing to help them.

## Practice task 12

1. What are three potential barriers that you can help people identify when planning to meet their goals?

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2. Name one reason why it is important to identify possible risks involved in a person's plan for recovery.

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3. Name three possible groups/individuals that you can help identify to assist people to overcome challenges.

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[Click to complete Practice task 12](#)

## 2F Develop and document personal wellness plans, risk plans or other plans to meet the person's priorities

When collaboration with a person with mental health needs has led to an identification of the person's self-defined goals, workers can begin to develop and document a formal plan for personal wellness or recovery. A recovery plan is an important document that assists consumers and mental health workers to plan, implement and review progress towards recovery. It is developed by the individual, their case manager and other people the individual wants involved such as family and/or carers. It provides focus for care by providing information about the services and activities that can contribute to recovery. These plans have a variety of titles and may also be known as care plans or individual program plans (IPPs).

Documenting a plan facilitates service delivery or activities such as:

- ▶ skills development, training and/or education
- ▶ social, psychological or financial support and advice
- ▶ strategies to overcome barriers and maintain independence
- ▶ finding and keeping a job
- ▶ managing daily living tasks
- ▶ advice and guidance to manage symptoms, health and wellbeing.

### Develop and document plans according to person's priorities

The basis of any recovery plan is the individual's definition of personal wellness and recovery and their self-defined goals. All plans must be developed according to these individualised elements and designed according to each person's priorities. They are designed to provide a structure to implement, monitor and review the person's recovery journey. For example, if a person's goals include finding a job and a new place to live, their choices about which goal is most important to them at that time must dictate the outline of their plan. You might think it would be better to find a new job and then move, but the person might decide that a new living environment is a more urgent concern for them.



The type of plan that you develop in collaboration with the person (and any relevant others, with the person's permission) will vary, depending on the person's needs, goals and circumstances and your job role. An overall recovery plan, care plan or IPP might include several plans that target and track specific activities or goals, such as personal wellness plans and risk plans.

## Personal wellness plans

Personal wellness is individually defined and can include many elements of wellness, such as physical wellness, psychological wellness, social and financial wellness. Developing and documenting a personal wellness plan can be a positive way for people with mental health needs to create the idea of their future and structure how to work towards that positive future in practical, measurable ways.



Personal wellness plans can take any form that suits the person's needs and goals. They include information about the person's goals, what actions are being taken to meet those goals, timeframes for action, how and when to measure success and a process for review. For example, one person's personal wellness plan might contain a way to document their efforts to improve their nutritional intake and to get more exercise. Another person's plan may include strategies to improve their social contact and express themselves creatively.

Personal wellness plans can also function as a means of relapse prevention by providing people with simple, structured activities that they can undertake to maintain and monitor their own mental health. They can also be referred to in times of crisis. Documenting allows the person to measure progress, make adaptations, view successes and implement successful strategies elsewhere.

## Risk plans

A risk plan may form part of a larger recovery plan as a risk assessment of proposed actions or strategies. Alternatively, they may be created as a way to monitor and manage a person's mental health in terms of relapse or challenge.

If appropriate, a risk plan can contain assist with the following.

### Assessing risk

Can be undertaken to help decide between options for action or to help prioritise goals.

### Identifying triggers

Some mental disorders can re-occur or people can relapse, and having a plan of what to do can significantly improve a person's ability to gain appropriate help in a timely manner. One way to do so is to work with the person (and others when appropriate) to identify the person's triggers. Not all relapses are caused by triggers, but often excessive stress or specific circumstances can create challenges. These triggers are often very specific to the person and a level of self-awareness or observations by others close to the person are needed to identify them. Identifying triggers allows people to manage triggering activities and self-monitor their own mental health.

## Marking relapses

Having a clear idea of what a relapse would look like for the person can help the individual (or others close to them) recognise when they may require specific actions or assistance. Many people with mental health needs are so used to masking their own symptoms and feelings to function that they may have difficulty identifying when they need help. For many people, the prospect of a relapse is frightening and they may not want to identify it, so having clear markers can help them access help. A person's markers should be self-defined; for example, not leaving the house for a week might be a sign of concern for some people, while excessive drinking might be a sign for others.

## Seeking help

Every recovery plan should contain detailed information that the person retains to allow them to seek help. For example, a risk plan might contain a page of specific markers, behaviours of concern or triggers that people can self-identify, who to contact when they self-identify and how to care for themselves in the process of meeting these challenges. In times of crisis, people need very clear, simple information about who they can contact to seek support.

## Document plans

Your workplace is likely to have a set of policies and procedures for developing and documenting recovery plans, as well as preferred templates to use for some specific plans. All organisational guidelines and procedures should be followed at all times. Your professionalism in documenting people's plans is a vital component of your job role.

All documentation must be:

- ▶ clearly legible
- ▶ stored securely
- ▶ upholding of people's privacy and confidentiality
- ▶ signed, dated and identified whenever relevant
- ▶ updated regularly.

### Example

#### **Develop and document personal wellness plans, risk plans or other plans to meet the person's priorities**

Jenny is helping Colm develop a personal wellness plan. Colm plans to transition beyond the service in six months' time, and they are using this plan to support Colm's growing independence and recovery.

Colm's goals of losing weight, increasing fitness and stopping smoking are all included in the plan, as are his goals of finding a new social activity to engage in regularly and attending his counselling appointments without fail.

Jenny helps Colm document these goals and the strategies that they have developed to meet the goals. They have set markers to indicate success and signposts to watch out for that may indicate a lack of progress. These include missing two counselling appointments in a row. According to his plan, if this occurs, Colm agrees to contact Jenny, who will help him review his progress.

Colm finds it challenging to remember details, so having a clear plan of steps to take every week helps him feel that his goals are achievable. They create a calendar for him, where he can check off each activity or step as he completes them each week. Every time he checks off a step, Colm knows he's made a significant contribution to his own recovery.

## Practice task 13

1. What are two other names for recovery plans?

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2. Name two elements that may be included in a personal wellness plan.

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3. What are two characteristics of a properly documented plan?

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**Click to complete Practice task 13**

# 2G Collaborate to identify and balance duty of care and dignity of risk while promoting independence from service

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

## Autonomy

All people using a mental health service have the right to make independent decisions about their lives and to be spoken to and treated with respect. Helping to maintain a person's independence means providing them with information so they can make informed decisions, and collaborating with them about the services and resources they wish to access. People with support needs should be encouraged to have a sense of control over their own lives and to feel that workers listen to and involve them in decisions that affect them.

Supporting people's autonomy also extends to promoting independence from the service, if and when this is self-defined as a goal for the person. As the driver of their own recovery journey, people are encouraged to develop their skills and support networks to regain full independence from the service, when this is appropriate and when it would not affect their health and wellbeing outcomes negatively. Ideally, we want to work with people to plan for a recovery where they do not require support services, so workers should promote autonomy as well as the skills required to support this autonomy in people with whom we work.

Independence from the service relies on people having:

- ▶ the skills to maintain and monitor their own health and wellbeing
- ▶ the skills, experience and opportunities to be financially stable, safe and independent
- ▶ the skills to self-assess levels of risk and make informed choices
- ▶ strong support networks, social connections and ties to the community
- ▶ a strong sense of self-worth, self-respect and self-efficacy
- ▶ a plan in place to manage potential relapses and challenges
- ▶ an ongoing commitment to their own recovery and hope for the future.

## Duty of care

Duty of care describes the legal obligation that individuals and organisations have to anticipate and act on possible causes of injury and illness that may exist in their work environment or as a result of their actions. Duty of care is part of common law and it requires you to do what is fair and reasonable to prevent harm or injury to the person or their property. While aspects of WHS legislation may vary between states and territories, there are common legislative requirements and obligations under the duty-of-care principle.

Everyone in the community services environment has the responsibility of duty of care for themselves, the people they care for, visitors and each other. You, your supervisor, your colleagues and leadership team all hold the responsibility of doing everything they can to remove or minimise the possible cause of harm.

There will be legislative and regulatory obligations on an organisation to have and act upon policies and procedures to guide and promote the safety and wellbeing of people.

Here is more information about duty of care.

### **Duty of care**

- ▶ Duty of care is the obligation a worker has to act in a way that would not cause harm.

### **Negligence**

- ▶ Negligence occurs when duty of care has been breached and harm to either person or property occurs. It is the legal and ethical obligation of any community worker, supervisor or organisation to ensure that people using services are not exposed to unnecessary or unreasonable risk.

### **Dignity of risk**

- ▶ The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice.

## **Dignity of risk**

The term 'dignity of risk' was first coined around the issue of care for people with intellectual disability in the 1970s, when people with intellectual or developmental disability were often viewed as incapable of making decisions for themselves and were deprived of many typical life experiences.

The concept of the dignity of risk acknowledges that typical life experiences are associated with some level of risk, and that we must support people in experiencing successes and failures throughout their lives. However, it can be a challenge to support decisions that we feel are risky without considering safety and viewing decisions through our safety-oriented healthcare culture.

Dignity of risk needs to be considered in terms of capacity and decision-making, a balance between workers' responsibility of a duty of care and the right and capacity of people to decide what level of risk they are comfortable with themselves.

Workers promote dignity of risk by providing information to people about the consequences of their actions and choices and the levels of risk involved. In practice, balancing duty of care and dignity of risk can be a fine line to walk; make sure that you ask for assistance from a supervisor or from your colleagues or professional networks if you are concerned or unsure.



## Level of risk

Balancing duty of care and dignity of risk involves understanding the level of risk involved in a specific activity, action or choice. It is not always possible to eliminate risk altogether. Risk is a part of our daily lives and it is through trying something new and sometimes making mistakes that we learn. A person has the right to make their own choices and to take reasonable risks. For example, crossing the street contains the possibility of risk, but we still cross the street when we need to do so.

## Determine levels of risk

The key issue when considering the legal and ethical considerations 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.

Three basic questions to ask when determining risk:

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

## Collaborate with the person regarding risk and independence

Appropriate risk-taking is a vital life skill that promotes people's autonomy and independence. The ability to self-assess levels of risk and make informed choices is a learnt skill that you can help people develop. By collaborating with people about the choices they make, not only do you help them develop these skills, but you also respect their rights and demonstrate your confidence in their ability to succeed and to be resilient. These aspects all support people's self-esteem and recovery.



### Example

#### **Collaborate to identify and balance duty of care and dignity of risk while promoting independence from service**

Sally has been working with Alix for a year, supporting her recovery journey and working towards Alix's goal of complete independence from the service. Part of that process has been facilitating Alix's decision-making skills, which she lost confidence in as a result of some choices that she made during a manic episode.

To develop Alix's ability to take appropriate risks, Sally and Alix have been collaborating on helping Alix to slow down her decision-making process and assess the level of risk involved in the choices she wants to make. At times this has involved Alix making choices that Sally would not have chosen for her, but they both agree that these mistakes have helped Alix learn her boundaries and learn how to make better choices in the future.

Today, Sally is supporting Alix by encouraging her to talk through her decision-making process about getting a new job. Alix talks through why this is her goal, her options (which involve quitting before she has a new job or waiting until she has another job) and the levels of risk inherent in each option. Sally acknowledges Alix's improvement in making informed choices and offers her support in any choice that Alix makes.

# Practice task 14

1. What are three skills that people need to become autonomous from a service?

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2. Name three individuals or groups to whom a worker owes a duty of care.

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3. Name one reason why workers uphold people's dignity of risk.

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[Click to complete Practice task 14](#)



8

**Governance, leadership and management**

Mental health services are governed, led and managed effectively to facilitate the delivery of quality, coordinated services.

9

**Integration**

Mental health services collaborate and develop partnerships within and external to their organisation to facilitate coordinated and integrated services for consumers and carers.

10

**Delivery of care**

Mental health services incorporate recovery principles into service delivery, culture and practice, and provide consumers with access and referral to a range of programs that support sustainable recovery.

## Codes of practice

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



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

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

## Identify the role of the person with support needs

When developing a recovery plan, the central place of the person with support needs has to be clearly integrated into every aspect of planning and fully understood by that person. A person who participates fully in the collaborative process will provide relevant information about their goals, needs and preferences, leading to a plan that is specifically targeted to support their individual recovery journey. Every person has a right to receive services that meet their individual needs, which is facilitated by their full participation.

For this reason, it is important for workers to convey the importance of the person's role in their own recovery and to encourage them to take responsibility for their recovery. Taking a leadership role in their recovery helps foster the person's self-esteem and self-efficacy, supporting their autonomy and independence from the service.

At all stages, collaborate with the person to define their role and regularly remind them of their capability to succeed. It is vital that the person understands their rights and

responsibilities in the initial stages of service provision. While the person's role will vary according to their circumstances and level of impairment, here are some of the basic expectations.

The person with support needs should be involved in:

- ▶ identifying their needs
- ▶ developing appropriate support plans
- ▶ implementing support plans.

The person with support needs has an obligation to:

- ▶ pay for services received (if payment is required)
- ▶ provide adequate notice if they are unable to attend appointments
- ▶ attend appointments on time
- ▶ respect the rights of others, including staff and other people who attend the service.

## The role of the support worker

A support worker's role is complex and shaped by industry codes of practice. These codes of practice centre on collaboration with the person and incorporate a recovery-oriented approach to service delivery. Workers respond to the needs of a wide range of people, many of whom may have several issues or concerns to deal with. To take a holistic approach to meeting an individual's needs, workers must consider all of the person's concerns, as well as their current and past personal circumstances.

In terms of recovery planning, the worker's role depends on their job description and the needs of the individual, but always involves collaboration, facilitating skills-building, accessing and providing information and services for the person, as well as providing empathy and compassion. Most importantly, all workers need to remember that their job role is one of supporting the person to be the leader in their own recovery journey.

Being able to support a person effectively requires a collaborative approach and a relationship built on trust and respect, as described here.

### Collaborative approach

It is important that workers take a facilitative approach to addressing a person's concerns rather than making assumptions about what they need. Workers should adopt a collaborative approach and people should be encouraged to actively participate in decision-making about the services they need and want. For this to happen, workers must ensure the person receives information about a range of services and resources, so they have the opportunity to make informed decisions about the best course of action for them.

### Trustworthy relationship

The relationship a worker develops with an individual is extremely important in determining the outcome of service provision. Workers must build rapport, trust and respect with the individual so that they feel comfortable about discussing their concerns. Effective interpersonal and communication skills are also essential in helping people explore issues they may have not considered, and to help them decide how to address their concerns.

## Identify timelines for action

People with support needs may require services from multiple providers to address multiple needs and goals. While some services may address immediate needs, others may be part of longer-term strategies. Although people's needs can change, it is important to develop a plan of action that includes information about timeframes for service delivery and for actions to be taken by the person themselves.

Longer-term goals are not achievable without clear timeframes. It is considered best practice to develop a set of smaller goals that will help the people reach their other, larger goals. Timeframes help workers and people with support needs calculate when activities should be implemented and estimate how long services will be required.

If a long-term goal was to improve the quantity and quality of an individual's human relationships, their short-term goals might be the following.

### Examples of short term goals to improve relationships

- ▶ Replace negative thought patterns with more positive ideas.
- ▶ Build confidence.
- ▶ Develop social skills.
- ▶ Access a range of social opportunities.

## Timetable effectively

Many recovery plans include detailed timetables for service delivery, action steps, and reviewing and monitoring activities according to the person's priorities. People with complex needs may have impaired organisational skills, so helping them create and follow a timetable ensures their participation. Also, keep in mind that exhaustion, stress and some medications can cause temporary cognitive impairments and impact on people's memories and planning skills. Age will also be a significant factor in a person's ability to plan.

Despite these challenges, it is important to empower individuals to act as autonomously as they can, and manage their own affairs as much as possible; for example, taking on responsibilities such as attending appointments. You need to support people receiving services to develop and use strategies that will help them manage their time effectively. One such strategy is working with them to prepare a timetable.

## Prepare a timetable

Here is a systematic procedure for preparing a timetable that you can adapt to a person's specific needs.

### Preparing a timetable

Once you have agreed upon services and supports with a person, prepare a timetable to ensure that the person can comfortably take up the arrangements. People are more likely to comply with treatment plans if the activities fit in with their everyday lives.

Find out about each person's rhythms and routines. Ask about what other commitments they have during the day, and about any other factors that may impact on service timing such as ill health, transport availability and care and medication requirements.

Remember that the person will need to follow the timetable, will be inconvenienced by any timetabling difficulties and will benefit if services are delivered effectively. Work with each person to develop a timetable that is realistic and reflects their priorities rather than yours.

Putting a calendar on the person's fridge (if they live in their own home) or on a noticeboard in their room (if they are in care) and highlighting their appointments can help them to take responsibility for managing their time and their own support.

Regularly check in with the person and see how they are managing their timetable. Encourage their successes and help them identify and make changes if required.

## Document roles and timelines

Make sure that everyone's roles and responsibilities are clearly defined and documented in the person's recovery plan, according to your workplace's policies and procedures. Roles and responsibilities should be linked to documented timelines also. For example, each action step in implementing a recovery plan should be given a specific timeframe and a person assigned to complete it.



Documenting these aspects of a recovery plan fulfil your documenting and recording responsibilities and significantly ease the implementation of the plan. For people with mental health needs who may find strategic thinking and organisational skills challenging, having a clear definition of what they have agreed to do and when, helps them manage each step in their recovery.

**Example**

**Identify and document the person’s and worker’s roles and timelines for action**

Jasmine is working with Giovanna to create a timetable to ensure Giovanna’s services are delivered efficiently and to help Giovanna manage her time and attend all her appointments. After discussing Giovanna’s usual activities for the week, Jasmine helps Giovanna make appointments with the relevant service providers, which she documents in the following timetable for Giovanna to put on her fridge and in her phone.

**Support timetable for Giovanna, beginning Monday 10th June, 2016**

Day of the week	Morning	Afternoon
Monday	10:30–11.30: Psychiatrist appointment	Walk home from appointment for exercise
Tuesday	9.30–3.30: Attend day program	
Wednesday	10:00–10.45: Swimming class for exercise	Volunteer at local library
Thursday	9.30–3.30: Attend day program	
Friday		3.30–5.00: Support group meeting
Saturday	Grocery shopping	
Sunday		Visit/outing with family members

## Practice task 15

1. What are two common elements of the role of a person with support needs in the recovery planning process?

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2. What are two requirements of support workers in the recovery planning process?

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3. Why is documenting timelines for action an important aspect of recovery planning?

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4. What does a code of practice provide to mental health workers?

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**Click to complete Practice task 15**

## Summary

1. There are many types of planning options and tools that you can provide people as part of the collaborative process for planning recovery and transition. Although individuals may participate at different levels of collaboration according to their needs and circumstances, collaboration is a best-practice framework goal.
2. Each person is the expert in their own lives and needs to be respected at all times. Many people find communication difficult, so develop and use your communication skills to support people's collaboration in recovery planning.
3. Discuss people's choices and confirm them with the person in the context of their own values, meaning and purpose in life. Everyone needs to define their own idea of personal wellbeing and you can support people by facilitating their self-efficacy.
4. Collaborate with the person to identify strategies and priorities to achieve their goals. This may involve developing self-advocacy strategies and transitioning beyond the service.
5. Identifying possible barriers and risks involved in reaching a person's defined goals helps them to access appropriate supports and make informed decisions.
6. Personal recovery, wellness and/or risk plans should be developed and documented according the person's priorities, needs and goals and following your workplace's policies, procedures and templates. Documenting the plan allows you to collaborate with the person in monitoring their progress and making changes to the plan as needed.
7. Duty of care and dignity of risk must be balanced in supporting people's recovery. Providing people with information, options and supporting them to make choices fosters the ability to self-assess levels of risk and to make considered choices to further their recovery goals.
8. An effective recovery plan involves clearly defined and documented roles and responsibilities, and documented timelines for action.

## Learning checkpoint 2

# Facilitate collaborative planning process for recovery

This learning checkpoint allows you to review your skills and knowledge in facilitating collaborative planning process for recovery.

1. What are two different planning options or tools that you could offer a person when working collaboratively on a recovery/transition plan that is based on the person's choices, preferences, values, needs and goals?

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2. What is one way to facilitate planning sessions in a manner that respects the person as their own expert, fosters their strengths and supports them as the driver of their recovery journey?

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3. What are two reasons why workers discuss and confirm the person's choices for personal wellness, development of self-efficacy, cultural requirements, values, meanings and purpose in life?

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4. What are three goals that a person may identify as a priority? Identify two ways to work collaboratively with the person to identify strategies to achieve goals, including self-advocacy strategies.

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5. What is one kind of barrier or risk that a person may encounter, and what is a strategy or other person who can assist in responding to or overcoming these challenges?

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6. How do a person's priorities affect how you develop and document a personal wellness plan, risk plan or other plan?

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7. What is one way to work collaboratively with a person to identify and balance duty of care and dignity of risk?

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8. What are two reasons why it is important to identify and document the person's and worker's roles and timelines for action in recovery planning?

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9. What are two characteristics of a holistic approach in the mental health sector?

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10. What are three legal and ethical considerations for mental health work, as applied in organisations and your individual practice?

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11. What are five effective communication techniques that you can use when undertaking motivational interviewing and/or counselling?

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12. What are three characteristics of local and international best-practice frameworks for recovery planning?

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## Topic 3

In this topic you will learn how to:

- 3A Discuss with the person their interest and readiness to initiate their plan for recovery**

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- 3B Undertake service actions as agreed in the plan in a timely manner**

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- 3C Facilitate access to information, resources and education about opportunities and options relevant to the person**

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- 3D Support the person's decision-making and self-advocacy**

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- 3E Support the person's positive risk-taking and resilience-building**

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- 3F Maintain regular contact with the person and be available to them**

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- 3G Maintain records and progress notes in collaboration with the person**

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## Collaboratively implement plan for recovery

While developing an effective and person-centred recovery plan takes good collaborative and organisational skills, so does implementing the plan. In this topic, we examine how to collaboratively implement a person's recovery plan to ensure the best possible results for the person involved.

The ability to implement strategies in collaboration with the individual and other relevant parties, such as supervisors or external service providers, is a primary responsibility of mental health workers. Working collaboratively demonstrates a commitment to consumer self-determination and supports empowerment, builds relationships with other service providers and utilises the skills and experience of supervisors.

# 3A Discuss with the person their interest and readiness to initiate their plan for recovery

In person-centred, collaborative support services, the person with support needs is at the centre of service delivery and leads their recovery plan. However, not all people understand how to lead their recovery or are comfortable with that role. Mental health support workers must promote consumer engagement at all times, including being aware of what might happen if issues are not addressed, and sensitively discussing possible consequences with people. Most importantly, by expressing confidence in people's skills and ability to succeed in their recovery plans, you are supporting their self-esteem and building their self-efficacy.



## Consumer participation

Initiating and implementing a recovery plan fosters the wellbeing of a person with support needs and depends upon their active participation. However, consumers may not engage in activities to promote their wellbeing unless they understand the benefits of the activities and feel that they have the capacity to take part in them. There are many factors that affect whether a person engages in healthpromoting activities, including barriers (inconvenience, cultural issues, habits and addictions, financial restrictions) or enablers (convenience, changing community attitudes, support from others, willingness to change, having access to the required resources).

Other factors affecting consumer participation include:

- ▶ the consumer's knowledge about whether their action/lack of action places them at risk of harm
- ▶ the consumer's feelings about the severity of the potential consequences of not addressing health issues
- ▶ messages from others that reinforce healthy or unhealthy behaviours.

## Understand the risks of non-participation

Not all consumers understand the risks associated with failing to engage in activities designed to promote their health and wellbeing. They may not be aware of health information that others take for granted. There is a relationship between education levels and awareness of the benefits of healthy behaviours. Here is more information about factors that affect a person's understanding of risk.

### Education level

People with lower levels of educational attainment are less likely to know about health risks and health services. Some Indigenous Australian people and others living in remote areas are even less likely to know about health-related information, including the risks and severity of illness. Without access to mainstream media and the internet, or engagement with schooling and service providers, they have few opportunities to learn about the consequences of not addressing issues.

## Optimistic bias

Another factor that can prevent people with mental health needs from addressing barriers is optimistic bias, which is when a person understands that there are risks involved in not addressing issues, but has unrealistically positive beliefs that they won't be affected.

## Motivation

The approach you take to help people with mental health needs to understand the consequence of their actions will vary depending on the personality and motivations of each person. Some consumers are approach-orientated. This means that the promise of rewards is a greater motivator than their fears of unpleasant consequences. Other consumers are avoidance-orientated. For these people, fear of coming to harm or punishment is the most powerful motivator for change.

## Consequences of not addressing issues

While encouraging the person's collaboration and participation in implementing their recovery plan helps them build their confidence, self-esteem and self-efficacy, it is also important to convey the consequences of not addressing issues that they may have. This is not undertaken to create fear or encourage a sense of hopelessness; rather, you can stress the positive values that can be gained from implementing positive changes in the person's life.

Make sure you are familiar with a range of consequences that may result from not dealing with common issues, and provide people with accurate information to make informed choices. Here is a variety of behaviours that you may encounter when working with people with mental health needs, and some potential consequences of not implementing actions and changes.

### Behaviours and potential consequences



#### Not complying with prescribed medication

The potential consequences of not adhering to instructions about prescribed medication include:

- ▶ reduced effectiveness
- ▶ increased likelihood of disruption to relationships and skills arising from behaviour usually moderated by the medication
- ▶ adverse effects from finishing a course of medication too early.



#### Unhealthy diet

The potential consequences of an unhealthy diet (including eating a limited range of foods) include:

- ▶ weight gain (and its associated medical risks)
- ▶ increased likelihood of type 2 diabetes, cardiovascular disease and certain types of cancers
- ▶ mood disorders may be exacerbated.



### Lack of exercise

The potential consequences of having a sedentary lifestyle include:

- ▶ increased likelihood of type 2 diabetes, cardiovascular disease and certain types of cancers
- ▶ mood disorders may be exacerbated
- ▶ increased risk of loss of bone mass and muscle mass.



### Smoking

The potential consequences of smoking include:

- ▶ increased likelihood of type 2 diabetes, cardiovascular disease and certain types of cancers
- ▶ mood disorders may be exacerbated.



### Illicit drug use

The potential consequences of illicit drug use include:

- ▶ legal consequences
- ▶ mood disorders and other forms of mental health needs may be exacerbated.



### Unsafe sex

The potential consequences of engaging in unsafe sex include:

- ▶ exposure to HIV, human papillomavirus (HPV) and other sexually transmitted infections
- ▶ unplanned pregnancy.



### Excessive drinking

The potential consequences of drinking excessively include:

- ▶ increased risk of cardiovascular disease, certain types of cancer and alcohol-related dementia
- ▶ increased likelihood of risky behaviours such as driving under the influence and having unplanned sexual encounters.



### Unsafe accommodation

The potential consequences of not having a stable place to live include:

- ▶ increased risk of being a victim of violence
- ▶ difficulty accessing appropriate care and support.



### Lack of support network

The potential consequences of not building and maintaining a support network include:

- ▶ increased risk of depression, cardiovascular disease and types of cancer
- ▶ reduced quality of life.



### Not participating in care

The potential consequences of not taking an active role in your own care include:

- ▶ reduced sense of self-efficacy
- ▶ reduced self-esteem and emotional wellbeing
- ▶ reduced effectiveness of the care plan
- ▶ missed opportunities to maintain/develop skills.

## Barriers to changing behaviour

Once you have helped individuals in your care gain a realistic understanding about their susceptibility to disease, disorders and poor health, and the possibly severe consequences of not addressing issues, you need to work to help them understand the benefits of addressing issues and to identify any barriers that may prevent them from doing so.

Benefits and barriers to changing behaviour will depend on the individual and their circumstances. Benefits to addressing issues can include improved physical health, fewer expenses associated with illness, less disruption to lifestyle and improved relationships with friends and family members.

Learn about the people you provide collaborative support to; in particular, the drivers or motivators that may help them change. You can get to know people by demonstrating positive regard, being reliable and professional and taking time to listen to them. Understanding the people you support will help you decide which benefits to emphasise when trying to convince them of the benefits to addressing issues.



## Address barriers to action

It is your role to find out what barriers people face so you can work with them to develop strategies for overcoming these barriers.

Here are some of the common barriers to action that you can help people address and some suggestions for doing so.

### Barriers to action addressing mental health needs

#### Fear of acknowledging the severity of needs

In this case, your approach might involve explaining that acknowledging that a problem exists is the first step to taking control of the issues.

#### Social stigma

Help the person understand the prevalence of the disease or disorder to normalise their experience and reduce their feelings of being different.

#### Worries about changes to their lifestyle

Where possible, assist the person to develop a treatment plan that fits in with, or minimises the disruption to, their existing lifestyle.

**Lack of money to pay for healthcare**

Look for alternative treatment options. Consider publically funded or low-cost options and use Medicare-funded services if possible.

**Lack of self-confidence and self-efficacy**

Encourage people to recognise their strengths and successes. Express your confidence in their ability to succeed. Remind them of their support structure, including you.

## Discuss a person's readiness to implement the recovery plan

As the drivers in their recovery journey, people with mental health needs must be supported to establish their readiness to initiate a recovery plan. Make sure that the person understands the risks of not participating and the consequences of not addressing specific issues. If any barriers to implementing the plan for the person have been addressed, make sure that you collaborate with the person to get them the skills, information or resources that they need.

A person's readiness to implement the recovery plan can act as an indicator of whether the plan is sufficiently developed to meet their individual needs. It can provide you with the opportunity to make adjustments to the plan and ensure that the person's needs are met.

Here are some of the ways that you can facilitate an effective discussion with the person about their readiness to initiate their recovery plan.

### Elements of a good discussion

- ▶ Establish rapport.
- ▶ Allow people plenty of time to speak and ask questions.
- ▶ Use active listening to ensure that you understand what the person is communicating to you.
- ▶ Make sure that the person's communication, access, language and cultural needs are met.
- ▶ Provide the person with written information (as appropriate) to refer to later.
- ▶ Involve the person's guardian, advocate, carer or family member as appropriate and with the person's consent.

## Refusal to participate

If a person refuses to participate in implementing or initiating their recovery plan, you must endeavour to establish why this is the case and meet their needs, if possible. You must respect people's choices to not participate, even if you do not agree with them. Contact a supervisor if a person is refusing all participation and seek assistance if required.

Unwillingness to participate may indicate:

- ▶ the plan has not sufficiently been explained to the person
- ▶ they are unsure about their role and responsibilities
- ▶ the plan does not sufficiently reflect their needs, choices and goals
- ▶ they do not feel comfortable communicating their actual needs
- ▶ they do not feel sufficiently supported
- ▶ they do not provide consent to the plan or to a specific activity.

**Example**

**Discuss with the person their interest and readiness to initiate their plan for recovery**

A case manager, Tom shares his experience of working with a mental health consumer:

‘People hate it when you lecture them about health issues. It is far more effective to use counselling skills to guide people towards an understanding of the consequences of not addressing issues. If consumers feel that they have identified the effects of their issues, they are more likely to take action.

‘For example, I tried telling Nick that smoking would kill him. He laughed, saying, “My father smoked a pack a day and lived until he was 90”. He said to me, “At 66, there’s no point in giving up”.

‘One day Nick arrived to an appointment out of breath, saying, “You have to expect a bit of lung damage at my age”. I said nothing.

‘Nick challenged me: “Most of the people you work with would have trouble breathing”.

‘I responded, “Not really. A group of consumers are just about to go on a cycling holiday.” Nick was taken aback.

‘I asked him, “Nick, what do you think will happen if you continue to smoke?”

‘He answered, “Breathing is not going to get any easier, is it?” We then talked about the connection between smoking and a range of health issues. I won’t pretend that Nick gave up straight away, but he did start putting in efforts to give up.’

## Practice task 16

1. Name two reasons why people may not engage in health-promoting behaviours.

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2. What are two ways that you can facilitate a discussion with a person about their readiness to initiate their recovery plan?

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3. What are two possible reasons why a person may not be ready to initiate their recovery plan?

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**Click to complete Practice task 16**

## 3B Undertake service actions as agreed in the plan in a timely manner

An effective recovery plan has clearly defined service actions that are placed within a monitored timeframe. Services need to be accessed, provided, monitored and assessed within reasonable timeframes to ensure that people receive the supports to which they are entitled under relevant best-practice frameworks. In many cases, this will involve working as part of a multidisciplinary team that collaborates to provide a person with holistic, recovery-oriented care.

### Best-practice frameworks for implementing a plan

Best-practice frameworks for implementing a recovery plan, such as the *National Standards for Mental Health Services 2010* (NSMHS), emphasise the need for collaboration with the person with support needs, family/carers, other services and experts as required for the person's specific needs. People with mental health needs may have complex requirements that can be rarely addressed by one person or one organisation. In fact, it is not beneficial for a person to be reliant on one health professional or one organisation. People with mental health needs are often vulnerable. Imagine what would happen if someone relied on one particular professional and that person changed jobs, or how an individual would feel if they were reliant on an agency and the agency closed or was no longer able to offer services to them.



As a result, implementing service actions often involves working as part of a multidisciplinary team who often use an implementation plan to check, monitor and assess each step of implementing a person's plan. A case manager is usually appointed to oversee this procedure.

### Access and use a variety of services

While you are not required to have an extensive knowledge of all types of mental health needs, as a qualified health worker you need to be aware of the basic conditions and the person or service that is responsible for appropriate support. There are many mental healthcare professionals. The types of personnel involved in promoting recovery will vary depending upon the severity of the mental health needs and the specific needs and strengths of the person, rather than on the type of illness or disorder.



Accessing and using a variety of services can ensure that all of a consumer's needs are met, as long as the service providers work together.

## Case managers and multidisciplinary teams

Typically, a consumer is assigned a case manager, whose role it is to support the consumer to meet their needs by leading, developing, implementing and monitoring a treatment plan. This does not mean that the case manager is responsible for carrying out all of these activities. The case manager may delegate tasks, but it is their responsibility to make sure that all activities are carried out by appropriate people within the team. A case manager can be a doctor, social worker, psychologist, psychiatrist, psychiatric nurse or an occupational therapist.

Case managers lead a multidisciplinary team. Membership will vary depending on the needs and preferences of the consumer.

A multidisciplinary team can include:

- ▶ medical professionals
- ▶ allied health professionals
- ▶ social welfare workers
- ▶ consumer workers
- ▶ consumer advocates.

## Understand your role

Your role will vary depending on your organisation. You need to understand what your role and responsibilities are, whether you are working on a task individually, in a team or in a multidisciplinary work role. Make sure that you use good organisational skills so that you undertake all your required activities in a timely manner, as people have a right to have services provided to them within a reasonable timeframe.



Working as part of a collaborative service team relies upon good communication between team members and upon every member taking responsibility for their own actions. Clearly documenting all aspects of service provision and implementation is crucial to avoid service duplication and to ensure timely, effective service provision.

## Varied roles

Your role in a consumer's recovery plan should be clearly documented and it may include varying activities. If you have any questions about your role, speak to your supervisor or the case manager immediately.

Your role may involve:

- ▶ working collaboratively with the consumer to determine their needs
- ▶ linking the consumer with a clinical case manager
- ▶ working with others in your organisation to promote the consumer's recovery
- ▶ working with others from other agencies and providers to promote the consumer's recovery
- ▶ taking on a case management role.

## Work with a multidisciplinary team

The team should include the consumer and relevant others, if requested by the consumer. Working within a collaborative team involves performing and documenting your service actions in a timely manner, as well as raising concerns or asking questions if other service actions are not being performed or documented. Following up and taking responsibility for the overall effectiveness of implementing the person's recovery plan ensures that the person is supported by a team of committed collaborators working towards the person's recovery goals.

Here is some more information about some of the people who can be involved in a multidisciplinary team (often called stakeholders) and how they can help.

### Social worker

Social workers can help the consumer make sense of their world and their place within it. This professional can also provide consumers with information about services that can meet their needs.

### Mental health nurse

Mental health nurses take a holistic approach focusing on the biological, cognitive and social aspects of mental health. They can carry out assessments, administer medication, monitor the signs of mental health needs, as well as help the consumer develop a better understanding of the way they relate to the world.

### Psychiatrist

A psychiatrist is a doctor who has undergone additional specialist training in mental health.

### Occupational therapist

Occupational therapists help people to identify, address and overcome barriers that prevent them from accessing and participating in all aspects of life.

### Clinical psychologist

Like psychiatrists, clinical psychologists are qualified to diagnose mental health needs. Unlike psychiatrists, clinical psychologists cannot prescribe medication. Psychologists can develop appropriate treatment plans and provide therapy to the consumer. Psychologists take different approaches to mental health needs depending on their professional style and the needs of the consumer.

### Consumer worker

A consumer worker is a person with personal experience of mental health needs. One of the key selection criteria for consumer workers is first-hand experience with mental health needs. Consumer workers help support consumers, as they are aware of the challenges associated with recovery and are able to provide insight into the recovery process from the perspective of the consumer.

### Advocate

An advocate is someone who can argue for the consumer's rights or support the consumer to argue for their rights. This may be a representative of an advocacy group or a personal advocate for a specific person.

### Consumer

The consumer is the user of the services. Depending on the setting, the consumer may also be known as a consumer, as a person receiving support or simply by their name.

### Family and carers

A consumer's significant other is usually the consumer's spouse, but can be their children, parent/s, siblings, friends or even neighbours.

## Implement a plan effectively as part of a team

Here are ways that you can take action to implement a plan effectively as part of a collaborative team.

### Understand your role

Find out about your role within your team. You can do this by accessing your position description, reading organisational policies and procedures relating to working as a team, and developing, implementing and reviewing consumer care plans.

### Focus on needs

Make sure that the needs of the person accessing the services are at the centre of all implementation. Where appropriate, read their intake information and case notes. If possible, speak with the individual. Make sure you have an open mind. In most cases, people will tell you what they want and need if you show them that you have genuine positive regard for them. During an active phase, an individual may not be able to recognise or articulate their needs and interests.

### Be assertive

Be appropriately assertive. Remember that the person's rights and preferences are important. If you feel their preferences or interests are being overlooked or ignored or are at risk, speak up.

### Be willing to learn

Be ready to learn. The majority of the people in the care team will be highly knowledgeable about a broad range of mental health needs and will have experience in a variety of treatment options. Consumer workers may be especially helpful in contributing from a different perspective. If you listen, you will learn.

### Ask questions

Ask questions. Find out about the consumer's needs, the expectations of the others in the team and your role in providing care.

### Document and record

Complete all documentation accurately, objectively, clearly and within set timeframes.

**Example**

**Undertake service actions as agreed in the plan in a timely manner**



As a case manager, Amanda has coordinated Jacob’s recovery plan in collaboration with Jacob, his wife and the other service providers that have been identified as necessary for Jacob’s recovery.

After a detailed planning process, Amanda has created a specific implementation plan that outlines everyone’s roles and responsibilities, the actions each person needs to take and a timeframe for doing so. She gave the plan to each stakeholder and is now following up on all steps of the implementation plan to ensure it is being followed.

This involves:

- ▶ referring to Jacob’s records and care plan to see what other team members have documented as having completed
- ▶ identifying steps in the implementation plan that have not be completed within the timeframes allowed
- ▶ contacting the individuals responsible for completing those actions and enquiring about their progress (and offering assistance if need be)
- ▶ speaking directly with Jacob (and his wife, with Jacob’s permission) to see how he’s doing with the implementation and getting his feedback
- ▶ making adjustments to the implementation plan and Jacob’s overall recovery plan as needed.

## Practice task 17

1. What are two aspects of best-practice frameworks for implementing a person’s recovery plan?

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2. Name three other service professionals who may be involved in implementing a person’s recovery plan.

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3. What are two elements involved in implementing service actions effectively?

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**Click to complete Practice task 17**

## 3C Facilitate access to information, resources and education about opportunities and options relevant to the person

People with mental health needs have aspirations and goals that are at the centre of their recovery plan. Often, these individualised goals and aspirations change over time or the strategies needed to reach these goals require adjusting or changing. One of the ongoing ways that mental health support workers can facilitate a person's mental health recovery is by providing the person with relevant and accurate information about different service options and opportunities. As always, make sure that any information that you provide meets the person's cultural, language, communication and access needs.



Workers should encourage people in their personal development in any way that supports the person's aspirations. This may involve changing their level of participation in care and/or changing their services options. Additionally, workers should use every opportunity to promote good health and prevention options as a way to support people's recovery aspirations.

### Encourage personal growth and development toward recovery and wellness

It is motivating for a person with mental health needs if workers focus on achieving optimal health rather than focusing on negatives. Personal growth, or self-development, is one of the humanistic approaches to psychology. People pursuing personal growth are empowered to develop their own strengths.

This is considered a best-practice approach as it encourages consumers to build their capacity to manage their life and thereby validate their worth. Here is some more information about encouraging self-development in people with mental health needs.

#### Encourage personal health and growth

##### Provide empowering opportunities

Provide for structured and semi-structured programs such as clubhouse models, along with one-to-one mentoring to help consumers take charge of their recovery.

##### Acknowledge strengths

Look for the consumer's strengths and validate their worth by acknowledging these strengths; these can be utilised when developing recovery plans.

##### Identify goals

Work out the person's goals and aspirations.

## Different service options

To support people's aspirations, provide them with up-to-date, relevant and timely information about different service options from which they can choose. It is part of your job role to be aware of the range of services available to people with mental health needs, the help they provide, eligibility criteria for services and how service providers can be contacted.

Here are some examples of different considerations regarding service options.

### Setting

Mental health service options can be provided within the community in mainstream settings, a person's home, within specialised psychiatric facilities or even on the streets.

### Public or private

These services can be provided by public and private providers, including by private clinics and public health centres. Publicly funded care can receive its financial support from federal, state and local governments. In some cases, private practitioners will provide care using government funding.

### Voluntary or involuntary

In some cases, people elect to receive treatment. In other cases, people are involuntarily admitted to a facility or alternatively are placed under a community treatment order (CTO). CTOs provide details about the type of care a person must receive, when they should receive it and how often. If the individual fails to comply with the demands of their CTO, they face admission into a psychiatric hospital.

Community treatment orders are suitable only for people who require treatment for their own health and safety or the safety of others. Alternatively, CTO treatment can be provided to the person as an outpatient rather than an in-patient.

## Mental health service options

When choose services, you should be aware that they fall into broad categories. There is often overlap between each of these categories. Here is some basic information about these different categories. Make sure you regularly research what is available in your location.

## Crisis intervention

There are situations where immediate action is necessary to protect the safety of the consumer and others. Crisis intervention may involve the police as well as crisis assessment and treatment teams (CAT).

People experiencing psychotic episodes may present a danger to themselves or others. Some consumers may self-harm. This can include cutting or burning one's self, self-neglect or risk-taking behaviours. Other consumers may express a desire to end their own life. If a consumer has a detailed plan of action, the risk they will take their own life is greater. You should take all ideations of suicide seriously.

The role of the police in crisis situations varies slightly depending on the state or territory. In all cases police should be involved if there is a risk that someone may get hurt. Police can also be involved when a consumer has been legally detained under a mental health Act and is in the community unlawfully, or if a person is not complying with the conditions of a community treatment order.

You should also contact the psychiatric triage in your area for advice and assistance.

It is not uncommon for new workers to call on the services of CATs. It is appropriate to call on CAT when a consumer is experiencing an acute stage of their illness. CAT can help with assessment, treatment and referral. CATs are usually staffed by medical professionals (such as doctors and nurses) with specialist training in mental health, and allied health professionals such as social workers and psychologists.

## Basic support

Basic support covers housing, nutrition and primary healthcare. To survive, people need sleep, safe and secure accommodation, food and drink, and basic healthcare. Providers that offer these services to help consumers meet these basic needs include Centrelink, the Department of Human Services in your state or territory, and welfare and charity services.

Local GPs and community nurses are the best point of contact for primary healthcare.

## Case management

Under the case management model, a team of service providers work with the consumer to:

- ▶ assess the consumer's needs
- ▶ develop and implement a treatment plan
- ▶ monitor and review the effectiveness of the plan.

Typically, a case manager takes responsibility for coordinating case management. It is the consumer who should have the responsibility for making decisions about their care.

The processes for getting a case manager varies depending on the context; for example, the process involved in assigning a child a case worker is quite different from the process involved in assigning an older person a case worker.

## Treatment

Treatment refers to any intervention designed to cure illness and/or promote health and wellbeing. Common treatments used to alleviate the symptoms of mental health needs include medication and counselling. Less common and far more controversial methods of treatment include electroconvulsive therapy (ECT) and psychosurgery.

Some people seek their own treatment by contacting providers directly, while others voluntarily follow up on referrals from other professionals. Consumers who present a risk to themselves or others can be made to adhere to a course of treatment. Strict protocols are in place to protect the rights of consumers who are involuntarily admitted or who are placed under a CTO.

## Vocational and social rehabilitation

Mental health needs can affect all aspects of a person's life. After living with mental health needs, people may not be able to return to their previous job or previous role, so they may require training. Vocational rehabilitation services are people and organisations that specialise in helping consumers become work-ready or re-enter the workforce. These services can assist by helping people:

- ▶ gain insight into their condition
- ▶ overcome barriers
- ▶ build their capacity to work
- ▶ find employment
- ▶ retain employment.

Vocational rehabilitation services are available in all metropolitan areas and in most large regional areas. For the most part, vocational rehabilitation services are used by people who are on WorkCover benefits after being injured at work, or who are required to participate in vocational rehabilitation services as part of their 'mutual obligation' to Centrelink. Vocational rehabilitation services help people function in the workplace.

Social rehabilitation aims to help people function in social contexts from everyday interactions when shopping, through to initiating and maintaining personal relationships. Social rehabilitation can involve supporting the consumer to:

- ▶ gain insight into their condition and behaviour
- ▶ gain confidence
- ▶ develop social skills
- ▶ access and develop social networks.

## Enrichment

There is a difference between surviving, functioning and living a fulfilling life. Where basic support programs aim to help the consumer survive and rehabilitation programs are designed to help people resume normal functioning, enrichment programs are designed to extend the capacity of consumers and help them enjoy life. Examples include study, recreation, volunteer work and further education that enhance the quality of a person's life.

Many of these services are offered in mainstream settings and are not specifically directed towards people with mental health needs. This is of great benefit. Where possible, people with mental health needs should be encouraged to participate in mainstream activities. These services are offered by multiple providers. Here are a number of examples:

- ▶ People can study at adult community education centres, TAFEs, or universities.
- ▶ A variety of charities and other community-based groups rely on the support of volunteers; for example, rural fire brigades, rural ambulance services, multicultural services and opportunity shops.
- ▶ Consumers can participate in recreational activities by participating in classes run by sporting centres, health services or local councils, joining age-appropriate groups such as youth groups or senior citizens groups, or by participating in clubs with other people with similar interests such as sporting or gardening clubs.

## Self-help and peer support services

Service providers can offer and provide support. As part of this process, service providers should encourage the consumer to take ownership of their own lives and the recovery process. Self-help and peer support services help consumers as they give consumers the opportunity to learn from others. These programs can also help promote confidence. Consumers can gain a sense of purpose through helping others with similar conditions.

## Identify the range of options

It is not always easy to identify the range of options available as services change, health professionals retire and new professionals enter the field. Over time, some agencies will close and others will open. Even service providers that have been in operation for a long time can change. Additionally, the target consumer group and/or the types of services offered can change.

Here are some tips that will help you identify the range of options available and be able to provide consumers with relevant and up-to-date information.

## Network

Work with others to maintain your knowledge of the range of options available. People within your organisation and external organisation will be able to extend your knowledge of the services available.

## Research

The local telephone directory, your local council and health services, and the internet can be good sources of information about services available, if you make the effort. Regularly scheduling some time to maintain contacts and undertake research is a good way to ensure that your information is current.

### Be organised

Keep a folder of brochures from different service providers. Categorise the brochures by consumer group or services offered. You can create an electronic folder that contains relevant webpages that you bookmark as well. Contact the service providers before providing information to consumers to check that the information is current.

### Learn

Your experiences and the experiences of service users will help you gain an understanding of the strengths and drawbacks of different service options and different service providers. Make sure that you take note of what consumers tell you about their experiences with other service providers; these personal experiences and recommendations can be very useful.

### Be open-minded

Service options that work for one person may not work for another person. Remember, the goal is to provide individualised support.

## The contribution of different service options to the recovery process

To be able to provide people with targeted information and education about other service options and opportunities that may help them reach their goals, it is vital to understand how different service options can contribute to the recovery process.

Under the recovery model, the goal for most people, especially those with conditions that can't be cured but can be managed (such as schizophrenia) is to achieve optimal mental health. The recovery model helps illustrate the different stages a person may experience. Keep in mind that the recovery model is not linear; people will not necessarily experience the stages in order. In fact, people may skip forward and backward through the stages. Importantly, service options must be provided individually as some options may be beneficial for some consumers, but not others.

Here is some information about how different service options can assist the recovery process.

### Service options and how they can assist recovery

- 1 Crisis intervention**  
Helps the recovery process by minimising harm.
- 2 Basic support**  
Helps the recovery process by ensuring a person's basic needs are met.
- 3 Case management**  
Helps the recovery process by facilitating a coordinated approach to recovery.
- 4 Treatment**  
Helps the recovery process by helping reduce the severity and incidence of mental health needs.

5

**Vocational and social rehabilitation**

Helps the recovery process by providing the person with a chance to broaden their prospects and to gain a sense of purpose.

6

**Enrichment**

Helps the recovery process by helping a person maximise their potential and gain greater enjoyment from life.

7

**Self-help and peer support services**

Help the recovery process by empowering the person to take responsibility for and ownership of their own recovery.

## Levels of consumer participation

Consumers can participate at different levels in the mental health sector. Many people who reach their recovery goals want to contribute to supporting other individuals with mental health needs or by contributing to the advocacy of people with support needs more generally. Make sure that you provide information and education about such opportunities to people who have those aspirations. People with mental health needs who have or are going through the recovery process have much to offer, including different perspectives, insights, great compassion and empathy, and their contributions should be greatly valued and encouraged.

Here is some information about different levels of consumer participation and how people can get involved.

### Levels of participation for consumers

The consumer can participate:

- ▶ as an individual, which means the consumer has direct input into their own care
- ▶ as part of the local mental health service, which means the consumer can influence the way their service is provided
- ▶ at the government level, which means the consumer can have input into policy and government plans for current and future mental health services.

### How consumers can get involved

Consumers can get involved by:

- ▶ being part of an interview panel for mental health jobs
- ▶ developing and reviewing policies and procedures
- ▶ advocating for other consumers when they have issues
- ▶ 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.

## Promote health and prevention

Health promotion and prevention is one of the underpinning values and principles held in the mental health sector. Providing consumers, families, carers and the public with accurate, up-to-date, relevant and practical information about health promotion and prevention should be a focus of all your work activities.

Preventative healthcare is the most effective and efficient method of healthcare. It is far easier to maintain good mental health than it is to achieve good mental health once a person has become unwell. Health promotion strategies are one form of preventative healthcare; these can be focused on a single consumer, a target group or the entire community.

Health promotion strategies are designed to change a person’s thoughts, feelings and behaviours so that they achieve better health outcomes. As part of your health promotion strategies, make sure that you facilitate people’s access to relevant information, resources and activities that will promote their goal of good health.



## Health promotion strategies

Here are some simple ways that you can help promote good mental health and wellbeing.

### Ways to help promote good mental health and wellbeing

- ▶ Be a good role model.
- ▶ Identify desired outcomes.
- ▶ Develop appropriate strategies that involve encouraging consumers to change their thinking and behaviours.
- ▶ Facilitate consumer’s access to relevant organisations and advocacy groups, such as headspace and beyondblue.
- ▶ Undertake regular professional development activities on the topic.
- ▶ Support initiatives to inform the community of preventative measures in mental health care or assist in promotion of mental health initiatives.
- ▶ Foster a supportive working environment that values everyone’s contributions.

### Example

#### Facilitate access to information, resources and education about opportunities and options relevant to the person

Sunil is an experienced mental health worker. He has recently moved from one state to another. While he has a good general knowledge of the services available, he is unaware of the extent and the scope of the services in his new hometown. The first thing he does is contact the health service in his area. He speaks to Buffy, who provides him with contact details for the manager of psychiatric services. She tells him about some of the mental health services available at her service.

In addition, Buffy tells Sunil about a community services network. He contacts the organiser who adds him to the mailing list. Sunil receives email updates about services available in the area. He also makes a special effort to attend networking functions so he can meet workers from other service providers. He uses the internet to gain further knowledge about organisations and services.

With this information and through these contacts, Sunil is better able to support people by facilitating their access to information, resources and education about opportunities and service options in their local area.

# Practice task 18

1. Name three service options that may be relevant to a person's aspirations.

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2. Name three ways that you can identify the range of service options available in your area.

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3. Name two ways that you can promote health and prevention in your working role.

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**Click to complete Practice task 18**

# 3D Support the person's decision-making and self-advocacy

Participatory models of consumer service delivery put the individual at the centre of all decision-making. Individuals have the right to make decisions about the care they receive, should be informed about all the options available to them and all efforts must be made to help the consumer to understand the strengths and benefits of various options.

Aside from the legal obligations involved, it is current best practice to involve consumers in decision-making. A sense of autonomy or control over one's life is essential to good mental health and workers must support people's ability to self-advocate and make their own decisions.



## Choice and empowerment

Having choices is a basic human right. Choices are only available if the consumer is presented with all available options. A support worker who makes a choice on behalf of a consumer without consulting them, their family members, significant other or advocate risks choosing an inappropriate service and contravenes the person's human rights.

Involving the consumer in the planning process empowers them to make choices about activities that affect their quality of life and gives them a sense of control over their own lives. Feeling in control and believing you have the ability to make choices contribute to positive mental health.

Information should be provided both verbally and in writing. Giving information verbally provides the support worker with a chance to build and maintain rapport with the consumer. This rapport is essential to a positive relationship. However, all discussions should be noted to keep track of interactions with the consumer.



A written letter or email can be used to reinforce the information shared during face-to-face conversations and acts as a reference for both the support worker and the consumer. It should contain details about what has been organised, how the consumer will attend, who will be involved and all relevant contact details.

## Make information accessible

When information is given to the consumer by phone or in person, make sure the consumer can hear, understand and remember what they're told.

Make information accessible by:

- ▶ speaking clearly
- ▶ using plain language
- ▶ explaining jargon when the use of jargon cannot be avoided

- ▶ taking into account a disability; for example, facing a person with a hearing impairment
- ▶ checking for understanding by asking open questions that require more than just a 'yes' or 'no' answer
- ▶ using a translator to help communicate with a consumer from a non-English-speaking background.

## Provide information to support decision-making

To be able to make decisions that are in their own best interest, people with mental health needs have the right to be fully informed about the service options available to them. You need to describe service options thoroughly to make sure people you support have all the details they need to give informed consent for all aspects of care. People can only give informed consent if they have comprehensive and accurate information about their service options.



You should consider each person as the main source of expertise about their own wants and needs. There will be times where you also need to work with a consumer's family and/or carers so that they can make informed decisions on consumer's behalf. Even in cases where there is no formally appointed guardian, some consumers like to involve their families in the recovery planning process so that their family members can help them understand and remember important information.

## Considerations when providing information

Here are some common considerations to keep in mind when providing people with information and options to support their decision-making.

### Communication barriers

While consumers have the right to be informed about the full range of services available, there will be cases when communication barriers make it hard for consumers to understand and/or retain information. Barriers can include:

- ▶ hearing impairments, which make it hard for consumers to receive the information
- ▶ language barriers, which make it hard for consumers to understand the information
- ▶ neurological barriers such as dementia or short-term memory issues, which can make it harder for consumers to understand and retain the information
- ▶ mental health needs, which can make it hard for consumers to remember information
- ▶ stress, which can make it hard for consumers to remember information
- ▶ receiving information from someone who uses jargon without explaining it, gives excess information, speaks too fast or doesn't speak clearly, which can make it hard for consumers to understand the information.

### Communication skills

There are a number of things you can do to communicate with consumers effectively. Make sure you are aware of any potential communication barriers. Always speak clearly, unambiguously and in plain English. Observe body language and facial expressions as you speak, staying alert for any signs that an individual may not understand or be able to follow what you're saying.

You may need to repeat information, phrase things differently, stop to explain some points or invite the person to ask questions. Remember that it may help some consumers if you speak a little slower than usual, but it's important to never speak to consumers in a condescending way; treat them as you would anyone else.

Arrange for alternative and augmentative communication devices if they are needed. If appropriate, organise interpreters for consumers who speak English as a second language, so that you can provide them with information in a more familiar way; older people in particular may cope better with their first language when under stress or if they are confused.

### Relevance

Make sure you provide consumers with relevant information. Being able to match service options with each person's goals and needs is a key skill. Before discussing something with the person, always ask yourself, 'Is this service relevant to their specific needs?'

### Time

Always allow sufficient time to discuss rather than merely to tell consumers about service options. Give them the opportunity to ask questions and get you to repeat or rephrase anything they are unsure about. Give them time to go away and think about it (if appropriate), as some people find it challenging to make decisions on the spot.

### Multiple formats

You may choose to provide the information in writing as well as talking about it. This will help remind consumers what you've discussed and let them read over the details later if they wish. Consider making a table to help consumers compare the features of different service options.

### Options for change

Always be clear that the person can change their mind at any time. Remind them that you are there to support them to reach their recovery goals. Articulating that it's okay if they change their mind and that you can help them find other options if their choice doesn't work out reinforces the person's self-advocacy.

## Support person's decision-making

All people engaging in community services have the right to receive information about available services and to make a choice about what best suits them. This is known as informed choice and it encourages consumers to make decisions based on their needs and preferences, and to retain a sense of control over their own lives. Workers should support decision-making in the following way.

### Appropriate role

It is important that workers take an enabling and facilitating role rather than directing consumers to make particular choices. This means providing consumers with the relevant information, discussing options with them and encouraging them to make decisions based on their individual needs and circumstances.

### Strengths-based approach

If consumers are not used to making decisions and want to defer to the worker, workers can help to build the consumer's confidence by taking a strengths-based approach. Workers may need to uncover a consumer's personal resources and build on these strengths by asking them about situations they have managed well in the past and discussing their hopes for the future.

Focusing on a consumer's abilities and strengths rather than failure or loss helps consumers to realise that they do have the potential to make decisions and take control of their own lives. They are empowered to become active participants in choosing the services they receive and having input about decisions that affect them.

## Basic decision-making models

Workers may find that consumers can benefit from using a basic decision-making model to help them make informed decisions.

Decision-making models allow consumers to understand that decision-making is a process involving a series of steps. They encourage people to examine as many options as possible before making a final decision. Consumers should also be encouraged to evaluate the actions they choose and to try again if the first choice does not work out.

There are a number of different decision-making models that consumers could use. The following is a basic version.

### The decision-making process

- ▶ Define the situation that you are making a decision about.
- ▶ Examine all the possible options available by referring to relevant information and brainstorming alternatives.
- ▶ Consider the best options and choose one.
- ▶ Carry out the chosen action.
- ▶ Evaluate the action and try another course of action if the first is not successful.

## The person's ability to make decisions

Workers should be aware that consumers may not always be in a position to make an informed or rational decision. In cases where an individual is not able to make decisions for themselves (for example, if they are living with a severe brain injury or certain types of disability), service providers must consult the person's advocate, legal guardian or significant others for assistance in making appropriate decisions. If you have any doubts or concerns about a person's competency to make decisions, speak to your supervisor immediately.

The ability of the person to make decisions may be affected by the following factors.

### **Mental health status**

- ▶ A consumer who has symptoms of acute mental health needs will have difficulty making rational decisions and should not be expected to do so until their symptoms subside.

### **Level of distress**

- ▶ A consumer who is in a highly distressed condition due to personal circumstances, such as domestic violence or attempted suicide, should be allowed to feel safe and calm before they are asked to make decisions about their situation.

### **Use of alcohol and other drugs**

- ▶ If a consumer is currently under the influence of drugs and/or alcohol or persistently misuses alcohol or other drugs, they may need to undertake a period of AOD detoxification and rehabilitation before they can engage in decision-making about their future.

## **Self-advocacy**

Self-advocacy refers to the way that people act in their own best interest, how they speak up for themselves, make decisions about their care and express their individual goals and preferences. As a worker who supports people with mental health needs, you will work to extend and develop people's self-advocacy skills as a primary tool for their empowerment.

People with mental health needs may not be confident self-advocates as a result of previous discrimination or stigma, difficulty communicating or thinking strategically, a lack of awareness of their own rights or a lack of confidence, among many other reasons. A vital component of your job is helping people meet any challenges that they face in becoming successful, confident self-advocates.

Benefits of developing and maintaining self-advocacy skills include:

- ▶ increasing empowerment
- ▶ increasing self-efficacy
- ▶ improving self-esteem and self-confidence
- ▶ promoting effective decision-making
- ▶ supporting people's human rights
- ▶ ensuring tailored, individualised services.

## **Support self-esteem and confidence**

A person with good self-esteem and confidence will find it easier to advocate for their own needs and choices. Gaining in experience in self-advocacy also leads to greater self-esteem and confidence, as these qualities reinforce each other.

Self-esteem comes from within, so in many respects it is the individual who has control over and must be responsible for maintaining their self-esteem. However, support workers can help their consumers develop their self-esteem and confidence.

Here are some strategies that workers can use to promote self-esteem and confidence in people.

### Promote choice

Sometimes it is tempting to make decisions on behalf of the consumer to help save time. But this takes away their sense of control. It also undermines their confidence in their ability to make their own decisions and reduces self-esteem.

Consumers should have choices in every aspect of their lives, from choosing what to wear through to relationship choices. Support workers can promote choice by:

- ▶ allowing sufficient time to explain rather than decide
- ▶ providing information about options
- ▶ encouraging the consumer to consider the benefits and drawbacks of a range of options
- ▶ encouraging the consumer to develop skills and knowledge that will increase their options
- ▶ helping overcome barriers such as transport, finances and other resources, which can limit a consumer's choice.

### Promote independence

Sometimes consumers don't extend themselves or they forget how to accept challenges. Over time, consumers may become increasingly dependent on support workers in many aspects of their lives. Where possible, encourage consumers to extend themselves. Assume the consumer is competent in all aspects of living unless assessment indicates otherwise.

There are aids and devices that can help consumers with a physical disability or older people to maintain their independence.

### Value the person

Our thoughts, feelings and actions are intertwined. Consumers must be valued and treated with respect and dignity.

Self-image is often shaped by the people with whom we associate. Consumers who feel valued by workers and others are more likely to value themselves.

### Treat the person with dignity

Consumers should always be treated with dignity when:

- ▶ they are talked with
- ▶ they are talked about
- ▶ they are provided with services.

When you are talking with a consumer, make sure the conversation is age appropriate.

It is also important to talk respectfully about consumers. The way we talk about people affects the way we think about them. If we talk about consumers as if they are a burden, we may also treat them disrespectfully. Conversely, if we talk about consumers in a positive way, we are more likely to meet their needs.

If you are involved in providing personal care assistance such as showering and dressing, it is important to protect the consumer's dignity and privacy.

### Focus on strengths and positives

One way to help consumers maintain their self-esteem and confidence is to focus on the things they can do. Use words and phrases that promote positive reinforcement.

Some signs that a person is suffering from low self-esteem include:

- ▶ not joining in with activities
- ▶ preferring to watch rather than participate in tasks
- ▶ declining invitations to social activities
- ▶ seeming quieter than in the past
- ▶ negative self-talk.

Your positive encouragement can make a profound impact on people. Even small statements (often called 'encouragers') used in everyday conversation can improve people's self-esteem. These include statements such as the following:

- ▶ You can do it!
- ▶ Well done!
- ▶ Look at how well you are doing that!
- ▶ We can try again later.
- ▶ You have made a good start.

## Support the person's self-advocacy

Developing self-advocacy is an ongoing process. Aside from supporting a person's self-esteem and confidence, here are some other ways that you can help people develop self-advocacy.

### Education and training

- ▶ Make sure that people know their rights and understand that they are the experts in their own lives. Provide them with appropriate information, materials and training, if required. For example, some people may benefit from assertiveness training or even informal practice in speaking up for themselves.

### Aids and supports

- ▶ Make sure that people have access to all the aids and supports that they need so they can communicate effectively. This may include translators, physical aids, communication aids or the presence of a family member, carer or advocate for support during appointments.

### Strategising and planning

- ▶ Skills in planning and strategising are particularly useful in developing self-advocacy. For example, many people are not confident speaking up for themselves in medical appointments or other situations involving authority figures. You could help the person by role-playing the situation beforehand and forming a strategy that will support the person.

**Creating connections**

- ▶ Encourage people to form strong social bonds, to participate in the community and to connect with people who have similar experiences. Joining a support group, an advocacy group or working as a consumer worker in a service helps people develop self-advocacy skills and allows others to benefit from the person’s unique insights and experience.

**Example**

**Support the person’s decision-making and self-advocacy**

Max has identified that making decisions and standing up for himself is challenging for him. With the support of his case worker, Max has been undertaking an online course in assertiveness training, which is also developing his technological skills and digital literacy.



His caseworker supports Max by role-playing challenging situations with him so that Max can practise what he could say and do in similar circumstances. After his studies and role-playing, Max realises that he’s finding it easier to think clearly in difficult situations and feels more comfortable expressing himself.

## Practice task 19

1. What are two ways that workers can support a person’s decision-making?

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2. What is the first step in a basic decision-making process?

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3. What are two ways that workers can support a person’s self-advocacy?

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**Click to complete Practice task 19**

# 3E Support the person's positive risk-taking and resilience-building

Each person's recovery journey is different and each person meets different challenges and difficulties. Mental health support workers can play a positive role in people's lives by supporting them to build resilience, learn to take positive risks and to learn and grow from both their successes and mistakes.

## Positive risk-taking

Taking risks is a normal part of life; if you analyse almost any activity, there is a level of risk involved. People with mental health needs can find risk-taking challenging, either in terms of taking risks without enough consideration or forethought, or in being overly concerned about making decisions and taking risks.

Positive risk-taking involves finding and creating opportunities and following them up with careful consideration and thought.

Each person needs to be supported as an individual, according to their own needs and circumstances.

You can support people's positive risk-taking by:

- ▶ providing options, choices and information so that people can make informed decisions
- ▶ helping people develop risk-assessment skills by talking through the process with them
- ▶ providing information about potential consequences of various options
- ▶ supporting people's decision-making
- ▶ reminding people of past successes
- ▶ extending people's skills and building capacity
- ▶ helping people weigh the pros and cons of a decision and not reacting emotionally
- ▶ connecting people with others who have overcome similar challenges, such as mentors
- ▶ reminding people that everyone makes mistakes and helping them see how to learn from failure
- ▶ supporting people to build resilience.

## Resilience

Resilience is the ability to deal constructively with the challenges presented by life. People living with mental health needs may experience significant challenges, making them experts in resilience. The very fact of experiencing mental health needs makes people skilled in creatively dealing with life challenges and this skill needs to be recognised and encouraged. Many people with mental health needs may not perceive themselves as having this strength, so it is important to help people identify this as a significant achievement in their lives.

Here are some of the ways that you can encourage people's resilience.

### **Provide information**

Ensure that mental health consumers and families and/or carers have factual information about mental health needs and about strategies for coping and fostering wellbeing. It is important to encourage both consumers and carers to believe that recovery is possible.

### **Foster hope for recovery**

Foster hope by providing carers and consumers with information brochures and references to books and websites that demonstrate that many people do recover. When people feel there is hope for their recovery and they have role models that demonstrate this, they are more likely to be able to deal with setbacks and barriers to achieve their goal. Hope fosters resilience. Without hope, they may become defeated and overwhelmed by their symptoms and diagnosis.

### **Create connections**

Endeavour to link people to recovery programs and to consumer workers who can share their own experiences of overcoming barriers.

### **Assess goals and risks**

Set realistic but challenging goals and take positive risks; if goals are easily achieved, the consumer will not gain a great deal of satisfaction. On the other hand, if the goals are too hard, the consumer is setting themselves up for failure.

### **Failure is okay**

Let the person know that it is all right to fail. Provide them with examples of people who experienced great failure before achieving great things. Encourage consumers to consider what they have learnt from unsuccessful attempts at achieving their goals. Mistakes are a great way to learn.

### **Recognise resilience**

Recognise and extend people's resilience, or the ability to bounce back when things go wrong. A strong sense of self, assertiveness, good physical health, strong social networks and engagement with the community are just some of the factors that increase resilience.

### **Express your respect**

Express your respect for people's resilience and help them identify that they already possess this skill and help them extend it. Make sure that families and/or carers are also recognised and valued for their resilience.

## **Coping skills**

Another way to extend people's resilience is to specifically build coping skills. Some people are reluctant to discuss difficulties they experience, and can be reluctant to take positive risks because they perceive difficulties as personal failures and there are

often negative emotions connected to these feelings of failure. You can educate consumers to cope with difficulties and stress by developing resilience and coping skills.

Coping skills are a suite of strategies that can be used to address stressful situations and their resultant emotions. Many people have negative or harmful coping strategies such as avoidance, denial or using alcohol or drugs to mask emotional pain. Harmful coping strategies lead to more difficulties and further stress.



Effective and long-lasting coping skills are healthy strategies that do no harm and can be repeated over time and adapted to different situations. Coping strategies can be actions that involve others. For example, consumers can develop a social network to provide emotional support to assist with coping or individual actions. Workers can guide consumers to develop cognitive strategies like reframing or reinterpreting events, such as shifting from negative feelings of victimisation to a belief in inner-strength and resourcefulness to cope with adverse events.

## Positive coping strategies

Here are some examples of positive coping strategies.

### Positive coping strategies

- ▶ Be aware of situations that cause stress and prepare a coping strategy; for example, if family visits often lead to arguments, meet in a public place and for a shorter period.
- ▶ Schedule time for meaningful, enjoyable activities to relax and balance the difficulties being experienced.
- ▶ Take care of health by eating well and getting enough sleep; this helps you feel good and have the emotional energy to cope with difficulties.
- ▶ Develop a support network to provide emotional, physical or spiritual support if necessary.
- ▶ Don't be overcritical. Self-reflection is a useful tool for personal development but being overly critical creates feelings of inadequacy and failure.

## Adult learning principles

All people experience difficulties, but by establishing and maintaining rapport, mental health workers can enhance feelings of emotional safety so the people they support feel able to identify and discuss difficulties and feel confident in their ability to take positive risks.

You can support people by extending your own expertise in educating consumers to develop communication, assertiveness and coping skills. Adult learning principles provide guidance to mental health workers on how they could facilitate these skills.

Here are some common adult learning principles and how they can be adapted to help consumers develop greater resilience and better coping skills.

### Integrate new ideas with existing knowledge

- ▶ Assess what the consumer already knows, what coping skills they are currently using, review their effectiveness and build on these skills.

### Show respect for the individual

- ▶ Use respectful communication, encourage self-determination and empowerment.

### Promote positive self-esteem

- ▶ Look at the strengths the consumer has in coping and acknowledge them. Acknowledge and celebrate progress towards learning new skills.

### Capitalise on experience

- ▶ Find out how the consumer has learnt best in the past by using role-plays, practicing in the real world, or learning by observation. Use examples that are relevant to the consumer, that reflect their experience of difficulties and of coping. Address negative experiences as well as positive.

### Use a problem-solving approach

- ▶ Use teaching methods that look at solving the problem, such as brainstorming for ideas, rather than finding fault with the individual. For example, 'I can't stop smoking, it helps me to cope with all the stress in my life,' is reframed into, 'What strategies will help to me cope with stress and reduce reliance on cigarettes?'

## Example

### Support the person's positive risk-taking and resilience-building



Marika is a 39-year-old single mother. She has three children under seven years of age, works part-time and studies full-time. She also has depression.

Marika's case manager, Sandra, uses a strengths-based approach. During the planning process, she reminds Marika about her achievements and resilience.

'I'm so impressed with everything that you've achieved, Marika!' Sandra shakes her head in wonder.

Marika looks confused. 'All I do is wrong. My kids are always wanting my attention, I'm so run-off my feet I could scream and I feel like I never get on top of things.'

'I hear you, Marika. You've got a lot on your plate. But really, you're managing wonderfully well. You're on track with your studies, right?' Marika nods.

'And you've kept the job for two years, right?' Marika nods.

'And your kids are doing well at school, right?'

Marika looks confused. 'Um, well, I guess so.'

Sandra smiles. 'I think that's a heck of a lot to be proud of for anyone, let alone someone recovering from depression at the same time. You're very resilient and manage your time brilliantly. Those are real strengths.'

Marika looks a little more hopeful. 'Yeah, I guess. I hadn't thought of it like that.'

## Practice task 20

1. What are two ways that you can support people's positive risk-taking?

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2. What are two ways to support people's resilience?

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3. What are two characteristics of effective coping skills?

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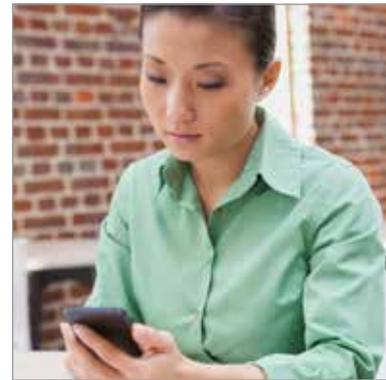
**Click to complete Practice task 20**

# 3F Maintain regular contact with the person and be available to them

As a professional, it is part of your job requirements to maintain regular contact with each person with mental health needs whom you work with to offer support. Taking responsibility for following up on agreed-upon service actions also demonstrates your commitment to supporting the person's recovery journey.

## Maintain regular contact with the person

As a key player in each person's recovery and support team, it is vital to maintain regular contact with each person that you support. Aside from a commitment to basic professionalism, maintaining regular contact with the person supports the person's recovery journey by demonstrating your respect and ongoing commitment to them. Keeping in regular contact develops good rapport with the person, helping them to feel safe to come to you with any difficulties or challenges that they are facing.



Keeping in regular contact also allows you to monitor the person's level of satisfaction with their services and provides opportunities for the person to alert you to problems, which can then be addressed quickly. The collaborative recovery process requires good communication, which is facilitated by regular contact.

## Be available and follow up

Making sure that people know that you are available to assist them provides a level of support for their recovery. Being available to people must be balanced with promoting the person's self-efficacy and independence, as well as maintaining proper professional boundaries. Make sure that all the people you support have your work phone number and email, as well as other ways to contact you if appropriate and according to your workplace's policies and procedures.

Take responsibility for following up on people's enquiries, actions and requests to ensure that people receive the services they need. Good organisational skills are needed, as are good habits in maintaining documentation and good communication skills.

Here are some more tips about making yourself available to people and keeping in regular contact.

### Availability and regular contact

#### Be professional

Reply to people's calls and emails in a timely manner. Maintain your appointment diary rigorously and arrive on time.

**Schedule regular contact**

Make sure that you contact each person regularly and schedule time to do so (for example, every fortnight) according to your workplace’s procedures and the individual’s needs.

**Maintain boundaries**

Do not provide people with your personal number or home address. Make sure that they have emergency contact numbers to obtain help if they need.

**Listen**

Be present and give people your full attention when you are with them. This expresses respect and courtesy.

**Get to know people**

Take the time to get to know people individually and establish good rapport.

**Example**

**Maintain regular contact with the person and be available to them**

Kylie has scheduled 20 minutes every Monday morning to run through her list of people she is providing mental health support to, and track her last contact with them. She keeps meticulous records of all calls and contacts in each person’s care plan and ensures that she contacts them by phone at least every fortnight.

At the end of each day, she confirms that she has checked her messages and emails and replies where appropriate. Before leaving for the day, she writes a to-do list for the next morning to ensure that she keeps track of all current tasks and follows up.

Kylie remembers thinking that this all seemed a lot of work when she first started her job, but she’s really glad that she established such good habits early on. Many of the people she supports have commented that they feel very reassured knowing that she’s part of their recovery team.

## Practice task 21

1. What are two reasons why workers should keep in regular contact with people?

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2. What are two ways to make yourself available to people?

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3. What are two sets of skills that are needed to follow up and be available to people?

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**Click to complete Practice task 21**

# 3G Maintain records and progress notes in collaboration with the person

As the implementation of the person's recovery plan proceeds, make sure that you maintain all records and progress notes in collaboration with the person. Maintaining all documentation and keeping the consumer up to date with the implementation ensures that they receive timely and effective services.

## Records management

Implementing a person's recovery plan often involves numerous actions, service providers and occurs over a period of time. To ensure that the implementation is completed efficiently, make sure that you manage all documentation and records according to your workplace's policies and procedures and your own professional standards.

Always keep to best-practice records management to uphold your legal and ethical considerations.

Best-practice record keeping:

- ▶ maintains the person's privacy and confidentiality
- ▶ is stored securely, so that only authorised people have access
- ▶ is recorded using your workplace's templates and according to policies and procedures
- ▶ is recorded legibly, in a timely manner and labelled correctly
- ▶ records all relevant information
- ▶ upholds recording, documentation and reporting requirements
- ▶ ensures that people are fully informed about their services
- ▶ ensures that people receive timely, efficient and effective services.

## Maintain records and progress notes collaboratively

Implementation of a recovery plan can be stressful for some people as it involves change, new experiences and new people. Here is how records can be maintained collaboratively.

### Collaborate with person

To facilitate the process and ensure that all implementation actions are being performed, collaborate with the person frequently to gauge their level of comfort with the process and address any difficulties that arise.

### Maintain progress notes

Often, progress notes are used to record and monitor how the implementation of services is affecting the person, who should be frequently contacted and their feedback sought. While progress notes and other records are usually used internally in your service, maintaining them is a collaborative process. Emphasise that it is the person's responsibility to contact you and report any difficulties, but back this up by regularly seeking feedback from the person about their progress.

### Follow up and seek feedback

Foster the collaborative process by seeking people's honest feedback about the services that are being implemented and maintaining all records and notes as required in your workplace. Most importantly, you can collaborate with the person by following up on what you have recorded about their progress by making adjustments to the services or to the way that they are being implemented. Make sure that all consents have been obtained to ensure efficient service delivery and keep the person informed about the progress of the implementation. Remember to use your good communication skills when seeking feedback from people and always ensure that their individual needs, choices and goals are at the centre of all supports.

## Example

### Maintain records and progress notes in collaboration with the person

Stephen and Despina are meeting to check on Despina's progress as her recovery plan is being implemented. Despina finds it challenging to retain complex information, so they have created a calendar to help her keep track of her new services and their implementation.



They meet at Despina's home, where her calendar is proudly displayed on the fridge, marked by several large red ticks and one large cross.

Stephen compliments Despina on her progress and asks her gently about the missed item, a support group meeting. He asks why she didn't go and asks if he can help.

Despina looks embarrassed. 'I just had a bad day. Couldn't manage the bus and it was just too overwhelming to see all those new people.'

'I understand, Despina. I think you've been doing really well with all your new services. Can we talk a bit more about the support group? Have you changed your mind about going or can I help to get you there next time?'

After their meeting, Stephen updates Despina's plan and progress notes to record that she did not attend the first support group meeting. They discuss meeting the facilitator of the support group before the next meeting so that Despina has a familiar face when she attends. Stephen has obtained verbal consent from Despina to speak to the facilitator, which he documents.

## Practice task 22

1. What is a legal or ethical consideration involved in maintaining a person's records and progress notes?

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2. What are two ways to collaboratively maintain records and progress notes with people?

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3. Name two reasons why collaboration should be sought in maintaining records and progress notes.

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**Click to complete Practice task 22**

## Summary

1. Discuss with the person their readiness to initiate and implement the plan. If they are not ready, help them meet their needs and provide information and encouragement.
2. Implementing a person's recovery plan involves performing and recording all service actions efficiently and according to agreed-upon timeframes. When working with a team to provide services, an implementation plan may be overseen by a case manager to ensure all steps are completed.
3. Provide people with information and education about different service options and opportunities that may help them meet their personal aspirations. Promote good health and prevention wherever possible.
4. Support people's decision-making and self-advocacy by providing them with options, encouragement and tools to develop their self-efficacy skills. Always demonstrate respect for the person's choices.
5. Support people's positive risk-taking and extend their resilience by helping them develop good coping skills and feel safe and confident enough to take up good opportunities.
6. Be professional in terms of making regular contact with people and being available to them for support.
7. Maintain all records and progress notes by collaborating with the person about their progress and experiences as the recovery plan is being implemented. Follow up on any changes needed.

## Learning checkpoint 3

# Collaboratively implement plan for recovery

This learning checkpoint allows you to review your skills and knowledge in collaboratively implementing a plan for recovery.

1. What are two ways that you can facilitate a discussion with a person about their interest and readiness to initiate their recovery plan?

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2. What are two ways that you can contribute to undertaking service actions as agreed in a person's plan in a timely manner?

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3. What are two ways that you can facilitate access to information, resources and education about opportunities and service options relevant to a person's aspirations?

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4. What are two reasons why it is important to support a person's decision-making and self-advocacy?

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5. What are three ways that you can support person's positive risk-taking and resilience-building?

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6. How important is it to maintain regular contact with the person and be available to offer support and follow up on actions? Explain your answer.

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7. What are two ways to maintain records and progress notes in collaboration with the person?

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8. What are two key characteristics of implementing a recovery plan according to local and international best-practice frameworks?

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9. What are two ways that health promotion and prevention affect your role?

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10. What are two legal and ethical considerations for mental health work that inform records-management practices?

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11. What are two reasons mental health support workers need technology and digital literacy skills?

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## Topic 4

In this topic you will learn how to:

- 4A Determine with the person who else to involve in their recovery process and the roles they will play**
- 4B Obtain specific and informed consent**
- 4C Identify the information and support needs of family and/or carers and friends**
- 4D Build an effective working relationship with members of the care network**
- 4E Provide clear information to members of the care network**
- 4F Communicate respectfully and work from a strengths-based approach with the care network**
- 4G Facilitate support, training or services to family and/or carers and friends**

## Develop and maintain effective working relationships with care support network

Strong family bonds and supportive care networks can greatly ease a person's recovery journey. When people with mental health needs choose to involve family members and/or carers as collaborators in their recovery journey, you can facilitate this process to ensure that these stakeholders participate and are supported in their needs also.

## 4A Determine with the person who else to involve in their recovery process and the roles they will play

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

Family members and/or carers are widely accepted as playing important roles in supporting a person with mental health needs

Involvement by family and/or carers may include:

- ▶ monitoring symptoms
- ▶ supporting medication compliance
- ▶ obtaining and coordinating services
- ▶ assisting with treatment and support decisions
- ▶ meeting accommodation needs
- ▶ companionship and emotional support
- ▶ supporting participation in the community
- ▶ acting as the person's advocate, where necessary.

### Identify and respect the person's choice to involve others

The decision by mental health consumers to involve others in their support and recovery process can improve their quality of life and health outcomes. As with all decisions, the person is considered the expert in their own life and their decision to involve or not to involve others must be respected.

Make sure that people understand that they have the right to choose who is involved in their recovery process and the extent to which they participate. For example, a person might decide that they want certain family members to assist them in making decisions about treatment and be heavily involved, while deciding not to involve their employer or co-workers in any aspect of their recovery. Ensure that all decisions about including others are documented and the extent of their roles specified.



### How other people can be involved

Here is some more information about how members of a person's support network can be involved in and benefit a person's recovery.

### Family, carers and friends

Family, carers and friends are often very aware of the stigma/barriers faced by a person with mental health needs. They can help by being supportive, focusing on strengths and encouraging engagement in enjoyable activities. Having a strong personal support network helps people develop resilience.

While families and/or carers often shoulder the most responsibility for providing care, friends also contribute. Friends can help normalise their lives by spending time with them, encouraging them to participate in activities they have always enjoyed and keeping them in touch with community life. Friends can also offer families and/or carers respite from care, if only for short periods.

### Neighbours

In cases where an individual lives on their own, a friendly, caring neighbour is an invaluable asset. Just by engaging a person in conversation in a friendly, non-judgmental way, neighbours can help an individual feel part of the community and as though they have someone to turn to if they need help. Neighbours can also alert services if an individual seems to be unwell or having a difficult time coping. A kindly neighbour can be a source of support to a person who has few other natural supports.

### Social networks

Social networks may include social and interest groups the person belongs to. By continuing to be welcoming and supportive, these groups can do much to normalise the life of someone experiencing mental health needs and help reassure them that they have a place in the group and the community.

People who do not have many natural support networks, such as family and friends, should be encouraged to become involved in community interest groups, peer support groups, use telephone counselling lines and seek out community involvement with others who enjoy similar interests and activities.

### Employers and co-workers

Employers and co-workers have a pivotal role in ensuring that a person with mental health needs feels useful and appreciated in their work role. Being able to work and earn their own living helps a person with mental health needs adhere to a routine and achieve stability and a sense of normality in their lives.

Employers should be careful to make sure the individual is not bullied or discriminated against in any way at work and that the work environment is supportive and inclusive. In return, an employee with mental health needs may need to be open with their employer about their needs and request that they have time off when necessary or ask to be put on lighter duties if they are feeling unwell.

## Carers' roles

Federal and state governments now recognise and support the role and value of carers for people with mental health needs. They have developed strategies for reform to improve consumer and carer participation in mental health service provision. For example, the Victorian Mental Health Reform Strategy 2009–19 states that:

- ▶ Consumers who feel more in control of their treatment and care and understand their health conditions experience better health outcomes.

- ▶ A collaborative therapeutic partnership between individual consumers, their family and carers, and mental health professionals helps consumers manage their illness and recovery.
- ▶ The wellbeing of carers and families can be improved through greater inclusion in the planning and treatment of the person they care for.
- ▶ Consumers and their carers have expressed the need for a more person-centred and recovery-oriented approach to mental health.

(Source: Victorian Mental Health Reform Strategy 2009–19, State Government Victoria.)

## Consumers' rights about involving others

Consumers have a right to involve others in their care and recovery process. This right is based on human rights standards including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), as well as the legal obligation to comply with anti-discrimination legislation. The values of these standards are reflected in practice models, which recognise a consumer's right to make decisions about their care. This includes the decision to involve others such as family and/or carers and friends.

Here is information on factors to consider when assisting a person to make a choice about involving others, and when other people are involved in a person's care and recovery process.

### Power dynamics

Workers should be aware of possible power dynamics within their relationship with mental health consumers and within the systems and structures of mental health services. They must support people and their families to access information and make informed decisions.

### Cultural factors

The role of the consumer's family can vary depending on cultural background. In some cultures, people are not considered as individuals, but as extensions of a family group.

The wellbeing of the family may hold priority over the wellbeing of individual family members. For example, Indigenous Australian people usually perceive their health not only in terms of the physical health of the individual, but also in terms of the social, emotional and cultural wellbeing of the whole community. Many Indigenous Australian people feel that support for the individual requires a holistic approach, and so it may be culturally appropriate to include family and the community in a consumer's care and service provision.

### Requirements for choice to involve others

The use of effective communication skills such as active and reflective listening will help you identify the consumer's choice to involve others in their support and recovery. There are additional issues that need to be considered when consumers make a decision to involve others. These include confidentiality and privacy, informed consent and possible intimidation by family members.

## Duty of care and family involvement

There may be times when you are concerned that a consumer's family member, friend or carer is behaving in a negative manner. For example, they may hold undue influence over the person, be intimidating or abusive, or behave in a manner that is not in the best interest of the consumer. You have a duty of care to act on your concerns and should do so by discussing the matter with your supervisor. Do not address these concerns with the person in question until you have sought advice from your supervisor as you could be putting the consumer at risk.



Identifying and respecting a consumer's choice to involve others in their care shows that you support them in their decisions and understand that they are the best person to make decisions about their lives. It demonstrates a commitment to a person-centred approach and self-determination, the values that underpin sound practice.

### Example

#### Determine with the person who else to involve in their recovery process and the roles they will play



Sophie lives in a large block of units. While she is okay most of the time, sometimes she takes a bad turn and doesn't get out of bed for days. She has no family and all the neighbours avoid her and whisper behind her back; all except one.

Eunice is a kindly older woman who lives opposite Sophie. When she suspects Sophie might be unwell, she knocks on Sophie's door and calls out, 'Sophie, I've brought you a nice cup of tea'. She also brings soup and delicious home-cooked meals.

Once, when Sophie seemed very depressed, Eunice rang the coordinator at the service. Sophie was taken to hospital for a while after this. When she came back she seemed better and the coordinator thanked Eunice for alerting them about how unwell Sophie was. After this, Sophie gave permission for the health workers to contact Eunice and share limited information about her situation.

Eunice never raises the issue of Sophie's mental health needs with her, nor does she talk down to her or patronise her. Sometimes Sophie gets angry with her and tells her to leave her alone, but this doesn't bother Eunice; she's always there the next day with a cup of tea or soup.

## Practice task 23

1. Who are three possible individuals/groups within a person's support network who might be included in the person's recovery, with permission?

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2. What are three roles that support group members might play in a person's recovery?

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3. Name two benefits to the person of involving their support network in their recovery.

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[Click to complete Practice task 23](#)

# 4B Obtain specific and informed consent

Workers must obtain consent from a person before sharing any personal information with a member of their support network. Consent must be obtained that specifies what information can be shared with specific individuals and when it is appropriate to do so. This upholds the person's right to privacy and confidentiality, as stated in the *Privacy Act 1988* (Cth). All consent needs to be documented, whether provided verbally, in written form (for example, a signed consent form) or as implied consent, as required by the circumstances and according to your workplace's policies and procedures.

## Privacy and confidentiality policies and procedures

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

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

### 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

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



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

Privacy refers to a person's ability to control access to themselves, their space and their possessions, including information about themselves. Privacy also means taking steps to avoid embarrassment and humiliation.

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

## Collection, use and storage of information

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

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

### Collection, use and storage of personal information

- 1 Open and transparent management of personal information**  
Ensures that organisations manage personal information in an open and transparent way.
- 2 Anonymity and pseudonymity**  
Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.
- 3 Collection of solicited personal information**  
Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.
- 4 Dealing with unsolicited personal information**  
Outlines how organisations must deal with unsolicited personal information.

- 5 Notification of the collection of personal information**  
Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.
- 6 Use or disclosure of personal information**  
Outlines the circumstances in which an organisation may use or disclose personal information that it holds.
- 7 Direct marketing**  
An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.
- 8 Cross-border disclosure of personal information**  
Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.
- 9 Adoption, use or disclosure of government-related identifiers**  
Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.
- 10 Quality of personal information**  
An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.
- 11 Security of personal information**  
An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.
- 12 Access to personal information**  
Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.
- 13 Correction of personal information**  
Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

## Informed consent

The person with mental health needs must supply informed consent to share any information with others in their support network. If the person you support is under 18 years of age, legally you must get permission to do an activity or task from a parent or legal guardian. Once a person is 18 years of age they can consent to take part in an activity or task.

In some cases, there may be a court instruction that a person over 18 is not able to make their own decisions. In these cases, family members or legal guardians make decisions on their behalf. If this occurs, this information will be placed in their case file and care plan. If you have any questions or concerns about a person's consent, speak to your supervisor immediately.



When obtaining informed consent from a person to share their information with a member of their support network, provide the person with sufficient information so that they are able to make an informed decision. Additionally, make sure that the person understands what information will be shared with which particular individuals and in what circumstances.

## Steps to gaining informed consent

There are four basic steps involved in obtaining informed, specific consent. Remember to ask appropriate questions to ensure that a person understands and consents to having information shared in specific circumstances.

To gain informed consent from consumers:

- ▶ the consumer must understand what they are consenting to (ask: ‘So, you are happy for your wife to be involved in all aspects of your recovery plan?’)
- ▶ the consumer’s consent must be freely given (ask: ‘You understand that this is your choice?’)
- ▶ the consumer’s consent must be specific to the activity or action (ask: ‘So, you want your mum to be informed of your location only in the case of an emergency?’)
- ▶ the consumer’s consent must be in writing or documented appropriately (ask: ‘Can you read through and sign this consent form?’).

## Barriers to informed consent

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

When a respectful relationship has not been developed between the support worker and the person with mental health needs, there may be a reluctance to provide consent. Once you establish trust, the person may be more willing to provide consent.

Consent can be implied or explicitly given, as described here.

### Implied consent

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

### Explicit consent

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

## Disclose and share information

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



Disclosure and consent policies will explain how personal health information must be collected and used within the service, and the circumstances in which it may be disclosed to others. It must also lay down procedures for ensuring that the collection of personal health information is conducted in a setting that provides privacy and protects the information from access by unauthorised people. Consent is given for access to particular information for a particular purpose; often the specific workers within the agency receiving the information are also named. Most organisations gather this consent using a specific form. Consent forms may vary in name and format between agencies.

### Example

#### Obtain specific and informed consent

Lisa has lived in the same flat, in a major city, for six years. She has been diagnosed with an anxiety disorder and manages it well. When her needs become more demanding, she will not leave her home, and her bills and rent, which she pays in person at the real estate agent, go unpaid.



Lisa does not have any family living nearby. Her mother lives in the country and phones Lisa daily.

Lisa appreciates her mother's emotional support but considers the daily phone call intrusive, so sometimes will not answer the phone to avoid speaking with her.

Support workers must understand that Lisa does want her mother involved in her care, but must also respect the limits she places on this involvement by maintaining her privacy and not breaching confidentiality. Lisa has provided consent for the health workers to inform her mother if she is hospitalised or in the case of an emergency, but otherwise she wants her recovery process to remain private.

## Practice task 24

1. What is one piece of legislation that requires consent to be given before disclosing health information?

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2. What are two ways to ensure that you are obtaining informed consent from a person to share information with a member of their support network?

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3. What is one way that consent to share information with a member of a support network can be documented?

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**Click to complete Practice task 24**

# 4C Identify the information and support needs of family and/or carers and friends

The ability to identify the information and support needs of the consumer's family and/or carers and friends reflects a commitment to carer participation in the consumer's recovery process. It also acknowledges their lived experiences and shows respect for their valuable contribution to the consumer's emotional and practical wellbeing. Involving family and/or carers and friends contributes to good outcomes for consumers by ensuring that their informal support networks remain strong.

Family members, carers and friends need information and supports to be able to fulfil their roles in a person's recovery. It may be support in a number of different areas.

Support or information needed may be:

- ▶ emotional
- ▶ spiritual
- ▶ financial.
- ▶ practical
- ▶ physical

## Information needs

Family members and/or carers and friends of a person with mental health needs require accurate, timely, relevant information in a format that meets their communication, access, cultural and language needs. Many people have limited understanding of mental health needs and the recovery process, and may become overwhelmed or fearful when someone they care about is diagnosed as having mental health needs.

Meeting the information needs of support network members leads to better outcomes for the person with mental health needs, and may provide people in their support network with a sense of agency.

Each person's situation is unique. The information needs of the consumer's family and/or carers and friends can be dependent on a number of factors. Here are some of these factors and specific examples.

### Age and capacity of the consumer

If the consumer is a minor, the parents are the primary decision-makers and require all relevant information.

### Role of the support person

The level of involvement in decision-making and care by the support person will vary on their willingness and capacity and on the consumer's consent to their involvement. For example, some friends may provide occasional emotional support, but it may not be appropriate for them to have information about the day-to-day care of the consumer.

### Time since diagnosis

The information needs of support network members may change over time. For example, when first diagnosed, people need more information; as the mental health needs may progress, information needs may change. The person may require different information as they age or if it is a degenerative disorder.

### Communication and cultural needs

Make sure to meet the communication, language, cultural and access needs of support network members when providing information. If their understanding of the English language is minimal, interpreters are required. Written information should be provided in the required language, if possible.

### Multiple formats

Providing information in a variety of formats aids comprehension. For example, you could provide information in a verbal format at a family conference, and back it up with brochures or other literature that people can have on hand and refer to at home.

### Consumer's children

The person's children need to be provided with information aimed at their level of understanding and following the person's consent to provide them with information. This can be a frightening experience for children, so special care must be taken to make them comfortable and provide them with appropriate information that makes them feel safe.

### Level of pre-existing knowledge about mental health needs

Many people have little knowledge about mental health needs, except from what they see on TV (which is often wrong). However, some people may have significant experience – perhaps another relative living with mental health needs – or professional expertise. Provide them with information at the appropriate level.

## Support needs

Support network members may face a number of challenges while assisting with the person's recovery process. Carers often play crucial roles in a person's recovery and need all the support that you can offer to ensure that their own health, financial and support needs are met.

When identifying the support needs of family and/or carers and friends, it is useful to address the following five different support categories.

### Emotional support

- ▶ Caring for a person with mental health needs can be emotionally demanding; the carer's own mental health can be affected by the challenges of their responsibilities.

### Practical support

- ▶ This includes housing, transport, managing finances, completing Centrelink forms and having access to respite care.

### Financial support

- ▶ Many carers experience financial hardship because their earning capacity is impacted by their caring responsibilities; they may need financial assistance.

### Spiritual support

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

### Physical support

- ▶ Some people with mental health needs can become aggressive, risking the physical safety of carers; carers may need support to manage this risk.

## Identify the needs of a person's support network

Effective communication skills are necessary to identify information and support needs of the consumer's family and/or carers and friends. Workers should use active listening, respectful responding and empathy to establish rapport. Once this is achieved you can assess the person's understanding of mental health needs, treatment and care issues, and the consumer's condition. Workers should also actively seek feedback to ensure that the information they are providing is meeting the individual's needs.

Importantly, make sure that you provide people with numerous options, as many people in a support network will be unaware of what is available to facilitate their important role in a person's recovery.

Here are some tips for giving and receiving feedback.

### Providing and receiving feedback from support network members

- ▶ Provide positive comments on the areas where someone is performing well; for example, acknowledge their role and contribution to the person's recovery.
- ▶ Describe the situation or issue you want to give feedback on; for example, is there anything you're unclear about regarding the recovery plan process?
- ▶ Ask the person for their view of the situation; for example, make it clear that their input and collaboration is valued.
- ▶ Be specific; for example, ask probing questions where required, as vague feedback is meaningless and does not lead to improvements.
- ▶ Agree on a summary of the situation or issues; for example, use active listening techniques.
- ▶ Develop an action plan to resolve the situation; for example, tell them how their feedback will help the person with support needs.
- ▶ Agree to follow-up dates to ensure action is acted upon; for example, keep them updated as required.
- ▶ Make sure they can contact you; for example, they may need more information or wish to provide you with more feedback.

## Cultural needs

The ability of Indigenous Australian, migrant and refugee families to identify the information and support they need is influenced by their ability to access services. Their access could be negatively affected by culturally inappropriate service provision, their inability to trust service providers, lack of understanding about the mental health system and structures, language barriers, fear and stigma.

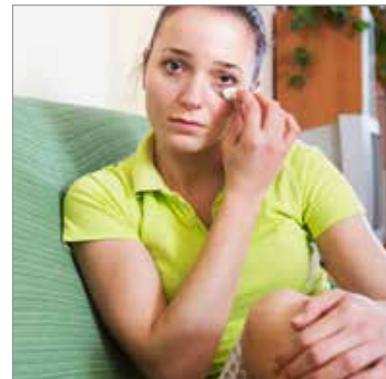


Always be aware of different cultural needs and of the fact that many people in support networks are unaware of the supports available to them. Give people options and suggestions and make sure that their cultural needs are met.

## Emotions

The ability of people in a support network to communicate their need for information and support can be affected by their emotional state. If their loved one has recently been diagnosed with mental health needs, there may be feelings of sadness, anger, fear, shame and grief. These feelings can affect their ability to engage with workers and to communicate effectively.

People who have been engaged in long-term support may experience high levels of stress and burnout, leading to feelings of guilt and anger. They may feel they can't be honest about these feelings and withdraw emotionally.



Many carers and family members feel isolated and unrecognised, so your ability to display empathy and compassion to people supporting a person with mental health needs can profoundly ease their challenging role.

Family members, carers and friends may also require emotional and practical support that can be met by mental health support groups. For example, the ARAFMI Mental Health Carers and Friends Association is a non-government community service that provides support and advocacy for the family and friends of those affected by mental health needs. They have offices throughout Australia, including regional areas, responding to local needs.

You can learn more about ARAFMI at the following website:

- ▶ <http://aspirelr.link/arafmi>.

**Example**

**Identify the information and support needs of family and/or carers and friends**

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. He readily acknowledges he knows nothing about schizophrenia or its treatment.



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

## Practice task 25

- 1. Name three groups in an individual’s support network that may require information or supports.

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- 2. Name three kinds of supports that people in a support network may need.

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- 3. What are three factors that may affect the information needs of a person’s support network?

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**Click to complete Practice task 25**

# 4D Build an effective working relationship with members of the care network

Mental health needs do not only affect the individual diagnosed with them. Families, carers and close friends may experience significant physical, emotional and financial difficulties in their efforts to support a relative or friend with mental health needs. Despite this, families and/or carers provide the primary care for their relatives or friends, and without their work many people with mental health needs would not receive proper care.



While families and carers provide invaluable support, they frequently do not receive the support they need to help them cope. Family members, who often provide around-the-clock care, can burn out just as easily as professional worker can.

Your ability to build an effective working relationship with members of care networks not only improves carers' experiences, but also improves health outcomes for the people you both support. It is vital to understand the impact of mental health needs on families and carers, work in partnership with them, and respect the unique support that they and consumer workers provide.

## Show you understand the impact of mental health on family, friends and carers

When a person is diagnosed with a serious mental illness, a period of painful adjustment begins, not only for the individual but also for their immediate family and friends. People close to the person will have noticed strange behaviour over a period of months and perhaps felt anxious or worried. For a time, they may convince themselves this is just a phase the individual is going through.



When a diagnosis is finally made, family members often react in different ways. Reactions may range from relief (because at last there is an explanation for all the strange behaviour) to fear, shock, anger, resentment and disbelief. These are common reactions and are similar to the reactions of loss and grief that a bereaved person experiences.

## Aspects of grief and loss

Parents especially grieve the perceived loss of their child, and the lost potential of that child, when a diagnosis is made. Be aware that where a father, mother, brother or sister has recently been diagnosed with a serious mental illness, other family members experience intense emotions. They will not all react in the same way as they come to terms with the diagnosis, but they are likely to go through the stages or phases of adjustment that theories of grief and loss describe: denial or disbelief, anger, bargaining, depression and acceptance.

Here are aspects of the grief and loss likely to be experienced by family members that a support worker should be aware of.

### **Magnitude of change**

In some cases, a parent may never fully accept that a bright, happy young person can suddenly change into someone else. For example, the father of an outgoing son who is a gifted sportsman may find it impossible to comprehend why the son suddenly loses interest in sport, appears morose and distant, talks to himself and becomes withdrawn and paranoid. The temptation to tell the son to snap out of it and pull himself together is often overwhelming.

### **Loss of friends**

Friends may also begin to drop away, finding it difficult to maintain a friendship with someone who no longer seems to be the person they once knew. They and other social contacts may not understand or know how to deal with someone who has developed mental health needs. They may feel a sense of helplessness, confusion, embarrassment and guilt at not wanting to spend time with the person.

### **Loss of anticipated future**

One of the hardest issues for families to accept is that their family member may never live a regular life enjoying all that life has to offer. Spouses may grieve the loss of an anticipated life together and that their children will never know the person their mother or father was before diagnosis.

Families and/or carers tend to grieve for what might have been and find it difficult to focus on the possibilities that remain for their relative or friend. Usually, they can only see a sad or diminished future because of the perceived disability mental health needs cause.

### **Dealing with loss**

To process their sense of loss and grief, families should be encouraged to express their feelings in a safe, understanding environment. They may need to see a counsellor or find the support they need through joining support groups and other mental health services.

## **Long-term reactions**

Parents may experience a long-term sense of guilt when their child develops a mental disorder. In the past, this was often reinforced by health professionals who thought that parenting styles contributed significantly to mental health needs. Today, the focus is more on the interaction of genes and environment.

Families and carers are often severely affected financially (the person may be unable to work), emotionally and physically by a person's mental health needs. If the person experiences relapses, requires hospitalisation, attempts to take their life or is imprisoned, the consequences for their family and/or carers can be extreme. The mental and physical health of family members and carers can be compromised, such as often results from ongoing, chronic stress.



Siblings may be particularly affected by the diagnosis of a brother or sister. They are likely to experience:

- ▶ confusion
- ▶ embarrassment
- ▶ resentment
- ▶ fear of developing mental health needs themselves.

For more information on the impact of mental health needs on families and carers, visit the SANE Australia website:

- ▶ <http://aspirelr.link/sane-impact-families-carers>.

## Coming to terms with the diagnosis

Families and carers who have little knowledge of mental health needs find it harder to cope than those who are better informed. They may have little understanding of what constitutes mental health needs beyond what is commonly portrayed in the media. Media portrayals of mental health needs focus on the most limiting and negative aspects of such needs, such as violence and psychotic behaviour.

Building a strong, supportive working relationship with family members and/or carers is a significant aspect of your job role. Workers can assist care network members to come to terms with the diagnosis in many ways.

Workers can assist families and/or carers by:

- ▶ developing and expressing empathy and respect for their experience
- ▶ listening, being supportive and being non-judgemental
- ▶ encouraging them to focus on the person's strengths and the possibility of recovery
- ▶ providing information and referrals to relevant services, such as carer support groups and advocacy groups
- ▶ providing or facilitating respite care; even taking the person out of the house for an hour can give a carer a much needed break.

## Show that you understand how coping mechanisms affect family, friends and carers

People cope with mental health needs in different ways. Typical responses range from excessive sleeping and withdrawal, to rage and abusive behaviour. Anyone living in close proximity to the person experiences the consequences of these reactions. It is important for families and friends to realise these are behavioural reactions or coping mechanisms the person uses to deal with the difficulties and frustrations of their mental health needs. They are not necessarily part of the condition. Even people complying with all their treatment regimes go through periods when they appear to have more difficulty coping.

Here are some of the common reactions and coping mechanisms encountered by families and/or carers when supporting people with mental health needs.

### Reactions and coping mechanisms

- ▶ Substance misuse (alcohol, heavy smoking, use of illegal drugs)
- ▶ Denial that there is anything wrong with them
- ▶ Manipulation of others
- ▶ Withdrawal
- ▶ Anger and sometimes threatening or abusive behaviour
- ▶ Excessive sleeping
- ▶ Suicidal ideations or attempts

### Effects on family members

Mental health needs can cause considerable stress in a family and it is not uncommon for different family members to disagree about how to respond to their relative or friend.

Immediate family members or carers must deal with these reactions as best they can and experience their own coping mechanisms such as anger, resentment and social withdrawal. They often put their own lives on hold while they attempt to support their family member or friend. They can become worn out and depressed, coping with extreme mood swings, anger, manipulating behaviour, suicide threats, as well as other difficulties such as financial and health problems. Life for family and carers can often feel like a roller-coaster of stress and emotion.



### Helping family and/or carers cope

It is important for mental health workers to realise that families face significant challenges in dealing with a family member with mental health needs. Build a strong, supportive relationship by offering families, carers and friends all the support you can in educating them and providing them with resources and strategies to help cope. Provide information about the mental health needs that their family member is experiencing and offer referrals to other services such as self-help groups and respite services.

Importantly, take the time to listen to family members and make constructive suggestions based on their knowledge and individualised experience. Family members and carers can feel very isolated; providing an empathetic ear can significantly improve their sense of hope and self-efficacy.

Where possible, family and/or carers should not let their own coping mechanisms overwhelm them.

Family and/or carers should try to:

- ▶ refuse to be manipulated
- ▶ stay calm and controlled in the face of anger or abuse

- ▶ focus on the person's strengths rather than their limitations
- ▶ encourage them to go for a walk or some other physical activity when they are feeling angry or frustrated
- ▶ help them broaden their social network and range of activities
- ▶ get specialised help if the person has a substance misuse problem or threatens/attempts to end their own life.

## Triggers

Encourage family members and carers to distinguish between when a person is using coping mechanisms and when they are in danger of relapse and developing acute symptoms. One way of doing this is for those closest to the individual to recognise signs they are becoming unwell: signs could include agitation, extreme mood swings, delusions and hallucinations.



It is also helpful for families to learn to identify possible triggers to the individual's relapses. These may include not taking medication, a stressful incident, physical illness, not eating or sleeping properly, substance misuse or being threatened or challenged in some way.

Family members and carers should make sure stress and exhaustion do not cause them to overreact or react inappropriately at such times; for example, threatening the relative with hospitalisation. They can help avert relapses by not being too critical or judgmental of their relative or friend. This creates stress and may cause the person to feel threatened. Neither should they nag a person to do something that they don't feel capable of doing. Importantly, family members and carers should realise that it is understandable to have negative feelings about the person or about their caring duties sometimes; this is a normal part of adapting to a very challenging life experience.

## Behaviours of concern

Provide advice to family members and carers about dealing with threatening behaviour or behaviours of concern. For example, if a person threatens them, they should try to remain calm to prevent the escalation of the situation. It is important not to insult or challenge the individual. If possible, they should wait until the person is in a calmer mood before trying to negotiate a solution to a particular problem.

It is also important to call in help. This might be another family member or friend, an outreach mental health team or the police if the individual might require involuntary hospitalisation.

## A partnership approach

Support workers, where appropriate, should check how family members or carers are coping, whether they need additional support or whether they have noticed any acute or unusual symptoms. A partnership between services and families and/or carers is of benefit to all.

Here are some of the other ways that workers can build a strong relationship with care networks and help them respond to mental health needs.

### Information

- ▶ Provide information about practical issues such as financial assistance, accommodation and employment opportunities.

### Expand the care network

- ▶ Discuss ways of broadening the helping network; for example, by spreading care throughout a wider group of family members or friends, joining self-help groups or requesting assistance from volunteer organisations specialising in mental health outreach.

### Finding balance

- ▶ Emphasise that family and carers need to continue living their own lives and maintain their own interests and social lives; this helps to counterbalance the tendency to be overtaken by the family member's needs and helps overcome the stress of coping.

### Normalise feelings

- ▶ Help families and carers to realise they can't respond appropriately all the time; they will become tired and resentful at times and this is perfectly normal. They are not expected to be perfect.

### Find an outlet

- ▶ Suggest they find helpful, understanding people to talk to and vent; this may be a supportive friend or through membership of a self-help group where others are going through the same experience.

## Show you understand the role and potential of support networks

One of the most positive influences on the mental health field in the last few decades has been the emergence of the consumer and carer movements. Both these influences have helped to establish important alternative perspectives in the care and treatment of people with mental health needs.

By demonstrating your understanding and respect for the roles that support networks play and by articulating their potential in the person's recovery, you can build a strong working relationship.

Here is some more information about the carer and consumer movements and how they have profoundly improved the outcomes for both carers and consumers.

### The carer movement

This movement arose from small self-help groups. In the past, little support was given to families and carers to help them understand or cope with a diagnosis. The traditional medical approach was primarily concerned with treating the individual.

ARAFMI and other carer groups have developed into a powerful lobby group and helped change the perspective of mental health professionals in valuing the support of informed and caring family members for consumer wellbeing.

Always respect and work in partnership with families and carers to obtain the best results for consumers. The relationship should not be one of trained expert to untrained family member. Families and carers often live with the person around-the-clock and may have insights into their symptoms and problems that professional workers do not.

### The consumer movement

This movement arose in reaction to the power and dominance of the psychiatric model of treatment. People felt they were not given enough say in their own treatment and were stripped of their rights and self-respect.

The movement has demonstrated that with the right care, many people can recover from even serious mental illness without strong doses of medication or being hospitalised. Recovery programs have been developed that emphasise relating to peers and providing for non-medical needs (housing, support, community inclusion).

A consumer worker has a unique perspective that can provide inspiration by demonstrating that it is possible to regain their lives and to help others at the same time.

Consumer perspectives are holistic, empathetic, recovery-focused, based on lived experience and emphasise problem-solving.

## Establish rapport

Building an effective, supportive working relationship relies on good rapport between the members of the care network and yourself. Family members and carers need to know that they can come to you for information and assistance.

Here are some of the key issues that you need to consider when communicating with a person's support network to establish rapport.

### Preparation and your initial contact

Establishing rapport starts before the conversation begins. If there has been a previous positive experience with your agency before the meeting, this goodwill will support the development of an effective relationship.

Make contact by telephone before you meet to introduce yourself and confirm the appointment time and place. This contact provides an opportunity to make a connection before you meet in person and helps to break the ice.

### Location

Consider where you will be meeting. Meeting at your agency may create apprehension as it is perceived as 'professional' and may create a sense of disempowerment for visitors. If meeting people in their home, be sensitive to entering into their environment.

## Communication skills

As with all your work, effective communication and interpersonal skills demonstrate respect and help to establish rapport. Focus on the strengths and interests of the person to help establish rapport.

## Respectful language and use of communication

Different people have different ways of communicating. You should be flexible and patient when communicating with people.

## Nonverbal communication

You do not need to speak to communicate. Your body language and other nonverbal cues such as facial expression, gestures and eye contact create an impression. People with limited English rely on nonverbal communication to assist in understanding and to get a sense of your demeanour. For example, open, relaxed body language can increase feelings of safety. Consider the nonverbal messages the other person is sending.

## Previous history with service providers

Some consumers and their family members may have had extensive experience with service providers. Some of this experience will be negative, so it may take some time for them to demonstrate trust.

## Emotions

Distress, aggression, frustration and anxiety create emotional stress, which interferes with effective communication. Family members and carers may experience strong emotions that they find difficult to process.

## Cultural issues

Communication patterns reflect a cultural context. Communicating with a person or family from a culture different to your own can sometimes result in misunderstandings. If your communication reflects a respectful attitude, most misunderstandings will be excused.

## Language barriers

If you are communicating with someone whose first language is not English, you may need to use an interpreter, either in person or via telephone. This can make establishing rapport difficult, because all verbal communication is relayed through a third person and there can be a lag between nonverbal cues and verbal communication.

## Avoiding distractions

Give your full attention to the conversation. If you act distracted, the person will not feel valued and will become distracted themselves or may become angry.

## Professionalism

Your mood or personal issues should not interfere with your effectiveness as a worker. Professional practice requires the ability to communicate effectively and so you must be able to put aside personal issues. This can sometimes be difficult so seek support from your supervisor when you need it.

## Key steps for initial meeting

Establishing rapport is an ongoing process. Once rapport has been established, communication must continue to be effective to maintain trust and develop the relationship.

### Useful steps when meeting people for the first time

- 1 Welcome**  
Welcome the person, smile, make eye contact and shake hands if appropriate.
- 2 Introduce self**  
Introduce yourself by providing your name and briefly explaining your work role.
- 3 Attend to comfort**  
Be aware of the person's physical and emotional comfort; for example, choose to sit at a quiet table in a coffee shop.
- 4 Address barriers**  
Address any communication barriers honestly and respectfully; for example, encourage discussion of the person's emotional state or possible cultural or language barriers.
- 5 Small talk**  
Make small talk to establish rapport. Use this opportunity to identify their strengths and interests.
- 6 Clarify purpose**  
Ensure you both have a common understanding regarding the purpose of the meeting.
- 7 Clarify time available**  
Ensure there is a clear understanding of the time available for the meeting.
- 8 Focus discussion**  
Move the initial introduction and general conversation onto more specific discussion topics and questions as smoothly as possible.
- 9 Listen actively**  
Listen carefully, be understanding, speak slowly and clearly, and ask questions to clarify information. Encourage the person to discuss topics.
- 10 Reflect on meeting**  
Review the interaction to assist you to improve communication and encourage continual best practice.

**Example**

**Build an effective working relationship with members of the care network**

Darren is 18 and had always been a high achiever like his father. He was school captain, achieved excellent academic results and was very athletic. When Darren’s family found out that he has schizophrenia, they reacted in different ways.



Now Darren has delusions of grandeur and talks to himself. Darren’s father, Brian, becomes enraged and he tells Darren to snap out of it. Darren’s mother, Irene, goes through a period of intense loss and grief. The psychiatrist says her son will probably be on medication for the rest of his life.

Darren is referred to the community mental health support service. After seeing Darren, the mental health support worker makes an appointment to speak to Irene and Brian. She listens carefully and respectfully to what they say. For the first time since Darren was diagnosed, Irene and Brian start to feel as though someone is actually listening to them and understands what they are going through. The coordinator tells Irene and Brian it is possible for Darren to recover and she will do everything she can to support them all in this process. She offers them information and refers them to a counselling service so they can have some additional support in dealing with the situation.

Brian and Irene start to feel some hope as they begin to see there are ways of helping Darren to lead a productive life.

## Practice task 26

1. What are two ways that you can build an effective working relationship with members of a person’s care network?

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2. What are two ways that you can help families and/or carers cope with the challenges involved in their role?

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3. Name three ways to facilitate establishing good rapport with members of a person's care network.

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**Click to complete Practice task 26**

# 4E Provide clear information to members of the care network

Members of a person's care network often have challenging roles to play in the person's recovery. You can support them by providing clear, relevant information that is communicated effectively according to the individual's needs. Communicating effectively with a consumer's family, carers and friends enhances the relationship between workers and informal support networks, which positively impacts on the care provided to consumers.

Providing information in an accessible form means:

- ▶ meeting individual needs
- ▶ communicating effectively
- ▶ explaining boundaries
- ▶ managing conflict
- ▶ addressing cultural barriers and providing cultural support.

## Meeting needs

When providing members of a person's care network information, make sure that you clarify their information needs with them. Provide targeted, specific, relevant and up-to-date information in a format that meets their identified needs. For example, if a family member has limited technological access or digital literacy, provide them with printed material, not links to a website.

Additionally, provide people with information in various formats in a language that is clear to them, and avoid using jargon unless it is appropriate. Always provide a suitable level and amount of information; ask questions and use active listening to determine the amount of information they need on a topic. Too little information will not meet their needs and too much can be overwhelming and cause stress.

Ask the individual if they understand the information that you have provided to them. Provide clarification, alternative formats or ask for assistance from a language service or member of their cultural group if required.



## Communicate effectively

Communicating effectively with the consumer's family, carers and friends enhances your relationship with them by establishing trust and demonstrating respect for their contribution.

The skills required to communicate effectively with a consumer's family, carers and friends are the same as those needed for all effective communication. The following provides examples of how these skills can be applied to effectively communicate with a consumer's family, carers and friends.

### **Active listening**

Observe and interpret verbal and nonverbal communication to assess the person's emotional state. If they are angry and frustrated, you should acknowledge these feelings.

### **Reflective listening**

Family, carers and friends can feel overwhelmed and disempowered by the mental health structures and systems. Paraphrase and summarise information to ensure you have clearly understood what is being communicated. For example, 'What you're saying is...'

### **Respectful responding**

Use respectful language and nonverbal communication to demonstrate acceptance. For example, 'It is common for family to feel overwhelmed by all of this new information, let's take this at your pace'.

### **Empathy and rapport**

Many carers report their feelings are ignored and dismissed and they feel disempowered by the mental health system. Your willingness to understand what they are experiencing enhances their feelings of emotional safety and contributes to establishing rapport.

### **Feedback**

Nonverbal communication should be closely observed to determine the person's emotional state. For example, watch their hands; are they relaxed, clenched, fidgeting? What are their facial expressions communicating?

### **Interpretation**

Interpretation of the situation is based on your underlying attitudes and values. How do you feel about the involvement of family, friends and carers? Mindful practice requires an examination of these beliefs and how they impact on your communication with others.

### **Setting role boundaries**

Balancing the needs of consumers with the needs of their family, carers and friends can be challenging. Establish clear boundaries early or conflict can occur.

### **Negotiation**

When communicating in groups (such as at a family conference) all opinions should be valued and assertive communication should be role-modelled and encouraged.

### **Establish empathy**

Use effective communication skills to get an understanding of the situation from their perspective; step into their shoes.

### **Congruence of communication and action**

Family and friends talk with each other about your work practices. To establish trust, your actions, including nonverbal communication, must honestly reflect your attitudes and values.

### Follow-up communication

Keep notes on interactions with family, carers and friends. Ensure you note any communication barriers or underlying communication issues you need to address during subsequent interactions.

## Communication styles

Everyone has their own style of communicating, which is influenced by their personality, experiences, upbringing and culture. You should always communicate professionally when conveying information to members of a person's care network; be open, honest and respectful.

Here is some more information about the four basic communication styles. Understanding these styles will help you provide communication clearly and help you understand the challenges that others experience communicating.

### The four basic communication styles

**Passive** – the person avoids conflict at all costs and often feels like a victim; this results in a situation where the passive person does not have their needs met.

**Aggressive** – the person uses intimidation and bullying to get their needs met and lacks empathy; this results in a situation where the aggressive person always has their needs met.

**Passive-aggressive** – the person uses both styles to manipulate people and is not direct in their communication.

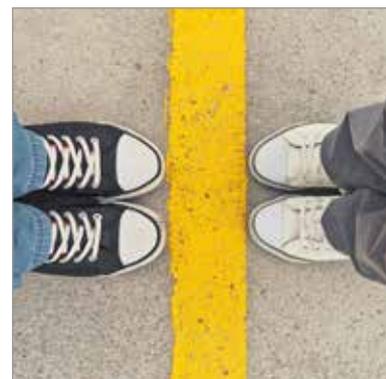
**Assertive** – this is the most effective style. Communication is clear and honest, the relationship is valued and the goal is to achieve mutually satisfying outcomes. The person voices their opinions and goals, values those of the other person and is happy to receive feedback from others.

## Explain boundaries

When providing care network members with information, it is vital to balance the rights of consumers with the expectations of families, carers and friends. The legal rights of consumers to privacy and confidentiality must be respected and the professional standards of practice, including supporting consumer empowerment, should be maintained.

If family, carers and friends have a clear understanding of your role, including the limitations of your support to them, there is a reduced likelihood of conflict. If boundaries are not clearly explained, then confusion and resentment can result because people don't know what to expect from you. They may feel they are not being treated fairly or equally and some people use intimidation and bullying to get what they want.

Many migrants, particularly refugees, may have ongoing settlement issues such as housing, income support and attendance at English classes. They may seek assistance



with these matters, wanting them attended to before addressing mental health. Your employer should provide direction about the amount of assistance and advocacy, if any, you should be undertaking.

## Manage conflict

There are times when the wishes of family, carers and friends are in conflict with the needs of consumers. Your workplace should have policies and procedures in place to manage this situation.

A conflicted relationship between workers and a consumer's family, carers and friends is detrimental to the consumer. It causes stress, leads to a breakdown in communication and trust and affects the quality of care. If conflict escalates, agencies should implement their conflict resolution guidelines, which should include mediation. Advocacy from an outside source may also be required.

Some people may use intimidation to override the wishes of the consumer. A professional obligation to support self-determination requires you to be assertive in advocating for consumers to make their own choices. While it is understandable that family, carers or friends may become frustrated if they are refused what they want, intimidation and aggressive behaviour is unacceptable. Do not be bullied into doing something you don't agree with. If necessary, seek support immediately.



## Conflict-resolution skills

Working together towards a resolution will lay the foundation for an open and honest ongoing relationship. Managing conflict and solving problems isn't always easy. To resolve the difference, you must first identify the cause of the problem and then find a solution that will satisfy everyone.

When attempting to resolve a conflict situation, you should:

- ▶ be calm and patient
- ▶ be sensitive
- ▶ never judge the person/people
- ▶ never assume you know the reason for the conflict; find out what has happened before you try to do something about it
- ▶ never have a ready-made answer before listening to all sides of the conflict
- ▶ never assume that someone has the cognitive ability to consider an argument or point of view rationally and to use good judgment and reasoning skills
- ▶ listen carefully
- ▶ explain things clearly.

## Communicate and acknowledge cultural barriers

To be able to provide appropriate information to consumers and their families and/or carers, it is important to know about their cultural backgrounds. Cultural differences might mean there are different languages or ways of behaving that affect communication. You need to know how to change your communication to suit people's cultures.

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

For example, Indigenous Australian people form a diverse cultural group experiencing many issues, including mental health needs. Many issues arise from the impact of colonisation, the stolen generations, government involvement in their lives, displacement from their lands and other hardships. To work effectively with Indigenous Australian people, you need to understand the impact of their history, culture and current issues. This understanding needs to be developed as the foundation on which all communication is built.



## Indigenous Australian culture in relation to mental health

Indigenous Australian people experience a higher rate of mental health needs than the non-Indigenous Australian community. There are many factors that contribute adversely to the mental health of Aboriginal and Torres Strait Islander people. It is important to appreciate that issues such as dispossession of their land and culture and discriminatory practices have resulted in many Indigenous Australian people feeling undervalued in Australian society.

The feelings associated with these practices impact the lives of Aboriginal and Torres Strait Islanders to varying degrees. The likelihood of an individual developing mental health needs is pronounced where a history of childhood separation from biological parents, neglect or institutionalisation exists.



Indigenous Australian people usually perceive their health not only in terms of the physical and mental health of the individual, but also in terms of the social, emotional and cultural wellbeing of the whole community. Support for the individual requires a holistic approach involving the family and the community.

Research indicates that Western approaches to mental health are not well-equipped to support and understand the impacts of these issues on Indigenous Australian people, which results in a serious lack of appropriate service provision.

## Barriers to access

Researchers have found strong links between mental health problems in Indigenous Australian people and homelessness, social disadvantage, substance abuse and rates of imprisonment. Australia's Indigenous population experiences many health concerns, and these physical health problems may impact negatively on an individual's mental health.

You should continue to undertake professional development to acquire the knowledge and skills required to provide information and supports to Indigenous Australian family members and carers. Being aware of the barriers faced by Indigenous Australian people accessing available mental health services and appropriate information assists you to develop strategies with your own workplace that promote access and participation.

Barriers to access include:

- ▶ geographic isolation
- ▶ lack of culturally appropriate services and information
- ▶ lack of Aboriginal and/or Torres Strait Islander staff in service
- ▶ limited training of mental health services staff regarding issues faced by Indigenous Australian people
- ▶ substance misuse
- ▶ cultural gaps (mental health services may not sufficiently recognise or adapt programs to Indigenous Australian cultures, causing a large gap between service providers and consumers and their families and/or carers)
- ▶ stigma and stereotyping, which contribute to limited use of mental health services by Indigenous Australian people and their families and/or carers.

## Cultural and linguistic diversity

Each year, Australia accepts thousands of humanitarian entrants into the country. Most are refugees fleeing war and political instability. Nearly all migrants will experience some sense of culture shock as almost everything is new and unfamiliar. Usual practices and accepted norms of behaviour are different and constant cultural negotiation is required when interacting with the dominant culture.



In Australia, people from a non-English-speaking background are categorised as culturally and linguistically diverse (CALD). There is significant diversity and variety of experience, beliefs and practices within all cultural groups and people from within that group should not be stereotyped as all being alike.

## Communication patterns and norms

There are many factors that affect communication patterns and norms. They all need to be understood for effective communication to take place. While it is not possible to know all the cultural and religious factors that impact on communication for all cultural groups, the following information provides an overview of issues that may affect how you provide information to members of a person's care network.

### Cultural norms

Because we learn how to communicate from our family and community, what people consider to be 'normal' communication varies across the world. Make sure that you research the culture of the person and their care network and ask questions to learn about what's comfortable for them.

## Gender roles

How men and women relate to each other is partly determined by culture. In some cultures, gender roles are strongly determined and maintained. In some cases, the male is the head of the household and must be consulted about most decisions. In some cultures it is not considered appropriate for male workers to support female consumers. Gender roles may affect how you can communicate with care network members.

## Torture and trauma

Recent refugee arrivals to Australia have come from Myanmar (Burma), Iraq, Afghanistan, Sudan and the Democratic Republic of Congo. Many have experienced political instability, been exposed to war, witnessed relatives and others being killed, been raped, tortured and imprisoned. This has had a profound effect on their individual mental health and that of their community. For a person who has experienced torture and trauma, it is difficult to trust strangers and they can be fearful about the power they think you may have over their lives. Establishing rapport may take a long time. It is important that you are patient and empathetic when communicating with someone with this history.

## Language services

Language services are required to ensure access to mental health services for people with low proficiency in English, including members of their support networks. Timely and effective interpreting and translation services improve the quality of the service provided and directly impact on outcomes for consumers. Family members and carers need to be supported to participate in the person's recovery plan.

## Home visits

For many people, offering food and drink to a guest is an integral component of hospitality and refusing this offer may be seen as insulting. You might be offered something to eat and drink if you visit a person's home, so consider if you should refuse or accept the offer. Also be aware that a number of cultures prefer shoes to be removed before entering the house.

Each year, Muslims fast during Ramadan (dates change yearly dependent on the lunar cycle) for one month, not eating or drinking between sunrise and sunset. This may cause communication to be affected because people may be tired or distracted. Keep cultural practices in mind when visiting people's homes.

## Cultural competence

Human rights standards, legislative obligations such as the Racial Discrimination Act 1975 (Cth), employer values and professional obligation all require the development of cultural competence. It has four components:

- ▶ Awareness of one's own cultural worldview including assumptions and biases
- ▶ A positive attitude towards cultural differences
- ▶ Knowledge of different cultural practices and worldviews
- ▶ Cross-cultural communication skills

Developing cultural competence should be a focus of your ongoing professional development activities and will ensure that you can provide support network members with appropriate, clear information that they can easily understand.

## Cultural understandings of mental health needs

For some cultures, mental health needs are perceived as a punishment. The shame and stigma associated with mental health needs leads to reluctance to engage with service providers and can make it challenging to communicate with a person's family and/or carers. Australian health systems and structures may be very different to those in their countries of origin. There may be a lack of understanding about mental health needs, treatment and support options available, and your role.



You must respect people's culture and their choices, and provide them with clear information about your role, the person's choices and the supports available.

### Example

#### Provide clear information to members of the care network

For many years, Jan and her two daughters struggled to cope with the difficult personality and drinking problem of her husband, Tom. Tom behaves in ways that are manipulative and controlling.



Jan is at the point of leaving Tom when he is diagnosed with borderline personality disorder (BPD). She decides to find out everything she can about the disorder and contacts the local community mental health service. Sue, the coordinator, gives Jan brochures and information on BPD and tells Jan about a support group for families and carers of people with BPD.

Sue explains to Jan that people with borderline personality disorder find it difficult to deal with anxiety and frustration and they are terrified of being abandoned. Typical coping strategies are blaming and lashing out at those closest to them and misusing alcohol as a way of managing stress. They continually engage in self-defeating behaviour such as abusing their family.

Sue suggests Jan goes to the support group to learn strategies for managing Tom's behaviours. She tells Jan the best thing she can do is to maintain her own wellbeing and not to blame herself for Tom's behaviour. She can help him by setting clear boundaries for what is acceptable and what is not.

Sue provides Jan with website links to learn more and ensures that she has all her access needs met.

# Practice task 27

1. What are three ways to ensure that you are providing support network members with clear information that they can easily understand?

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2. Name the four common communication styles that you may encounter when providing information to support network members.

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3. What are two cultural issues that may affect how you provide information to support network members?

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**Click to complete Practice task 27**

# 4F Communicate respectfully and work from a strengths-based approach with the care network

Demonstrating and communicating respect at all times is vital in all work activities, including when developing and maintaining effective relationships with a person's care network. Using a strengths-based approach in facilitating the care network to support the person upholds the rights of the person and members of their care network, while exhibiting your commitment to the person's recovery journey.

## Communicate respectfully

Each member of a person's care network is a valued contributor to their recovery journey. Always communicate respectfully with them and seek to understand their needs and concerns for the person with mental health needs. Use good communication skills and demonstrate your respect for their culture, language, individual choices and goals. Seek to resolve conflict and disagreements by bringing everyone back to the person's goals for recovery and by identifying how they are supporting these goals. When support workers and family members work together, they can significantly affect a person's recovery journey and overall health and wellbeing.



## Use a strengths-based approach with the care network

Strengths-based practice acknowledges that all people have skills and capacities and encourages individuals and families and/or carers to build on these strengths and become more self-determining. Self-determination encourages consumers and families to make their own choices. It also demonstrates a person-centred approach, considering the person holistically rather than simply as a person with mental health needs. Both these approaches (strengths-based and person-centred) help to build mutual trust between people and provide a foundation of an effective, strong relationship where all members are striving towards the same goals.

Help family members, carers and other members of the care network focus on the person's strengths, capabilities and goals. These can get overlooked as the care network struggles to accept a diagnosis or strives to manage a long-term supporting role. Based on your knowledge of the person's individualised goals and their strengths, preferences and choices, you can facilitate the care network to have a hopeful view of the person's future.

The person's strengths and interests provide positive, non-threatening topics for conversation, allowing the opportunity to establish communication patterns and feelings of emotional safety and trust with the care network.

## Mindful practice

Workers should aim to apply mindful practice to establish and maintain relationships with people, including members of a care network. Mindful practice means paying careful attention to yourself and the person or situation at that point in time. It requires critical self-reflection to clarify values and refine skills and uses self-monitoring as a means to improve practice. To communicate effectively with people in the care network, you must consider what strategies were effective and what could be improved. Mindful practice should become a regular component of your work practices.

Use mindful practice by:

- ▶ communicating respectfully
- ▶ getting to know each person as an individual
- ▶ demonstrating empathy and compassion for the person's experience as a carer and/or family member
- ▶ using everyday conversations as a way to emphasise the person's strengths and capabilities
- ▶ allowing people to express their feelings and being non-judgemental
- ▶ asking carers and family members about their goals, interests and acknowledging their resilience
- ▶ reflecting on how care network members support your role and support the person with mental health needs
- ▶ establishing a relationship of collaboration and co-operation.

## Strengths of care network members

You can also use a strengths-based approach to facilitate care network members' support of the person with mental health needs. Many carers struggle with feelings of helplessness and inadequacy, reinforced by systemic lack of a political voice and recognition of their role. Many don't recognise their own strengths, resilience and capability. Sometimes just being there to listen is a profound way to support carers and family members.



Help care network members to focus on their own strengths and express respect for their role. Caring for a person with mental health needs not only draws upon many strengths, but it also creates many others. By communicating your recognition of these developing strengths, you can assist care network members to create positive meaning from their lived experience. Wherever possible, work collaboratively with them to identify, access and implement strategies or services that they need.

## Strengths of care network members

Here are some of the strengths of care network members that you can help them identify and work to extend.

### Strengths developed by caring for a person with mental health needs

- ▶ Resilience
- ▶ Flexibility and adaptability
- ▶ Practical skills, such as organisational skills to access supports, or helping the person meet their goals
- ▶ Advocacy skills
- ▶ Conflict resolution
- ▶ Capacity-building
- ▶ Problem-solving
- ▶ Empathy and compassion

### Example

#### Communicate respectfully and work from a strengths-based approach with the care network



Sometimes one of the best ways to support care network members is to connect them with people who have lived with mental health needs and created meaningful lives for themselves.

John is a consumer support worker in a mental health unit in a large city hospital. He is now 62 and has experienced many years of mental health needs and has been in and out of hospital himself. It is only in the last five years, since he joined a recovery group run by consumers, that he has achieved stability and balance in his life. He remembers how frightened and confused he often was when he was in hospital. Although the staff tried to be kind they were busy and often did not really understand what it was like for him. John had no close family and wonders how his experience would have been different if he had a care network to support 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 carers. Consumers and family and/or carers respond positively to his kindness and find it encouraging to learn that people can recover no matter how bad their experience has been. John takes the time to connect with family members and/or carers to express respect for their role.

# Practice task 28

1. What are two elements involved in communicating respectfully with care network members?

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2. What are two ways to use a strengths-based approach to facilitate a care network?

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3. What are three strengths that care network members may have and/or develop by supporting a person with mental health needs?

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**Click to complete Practice task 28**

# 4G Facilitate support, training or services to family and/or carers and friends

By establishing an effective working relationship with members of a person's care network and identifying any support, training or services that they need, you can then facilitate their access to these services. The recovery process is holistic, so recognising, supporting and meeting the needs of a person's care network not only respects their roles and rights as individuals, but ultimately benefits the person with mental health needs as well. Care network members cannot support the person effectively if their own needs are not met or if they are burnt out or isolated.

## Facilitate meeting support network's needs

As with meeting the requirements of a person with mental health needs, meeting the needs of their support network involves similar organisational skills and professional commitment to efficient service delivery. Based on individual members' identified needs, facilitate their access to other services such as respite care, to additional information, to carer advocacy and support groups or to financial services.

Take the same responsibility and use the same model of efficient service delivery that you use in supporting people with mental health needs, such as facilitating contacts with other services, following up, reviewing the effectiveness of the services/supports, gaining feedback from support network members and making adjustments to their supports as needed. Regularly research services and supports that might be relevant and keep in touch with your professional network to learn more about how you can help carers, family members and other members of the person's care network.

## Factors to consider when facilitating services to support network members

When facilitating support, training or services to a person's family, carers and friends, always keep in mind the following factors.

### Factors to consider when facilitating services to support network members

- ▶ Age and capacity of the individuals involved
- ▶ Level of involvement in the person's recovery
- ▶ Length of time that the person has been living with mental health needs
- ▶ Communication, language, access and cultural requirements
- ▶ The need to provide information in a variety of formats
- ▶ The need to respect the person's privacy and confidentiality
- ▶ The need to facilitate access to timely, targeted and relevant services and supports that meet identified needs

- ▶ The need to respect the rights and uphold the safety of support network members
- ▶ The need to provide choices and options and to respect their choices as valued collaborators

**Example**

**Facilitate support, training or services to family and/or carers and friends**



Georgie has been working with Max and his family as they come to terms with Max having recently been diagnosed with a serious mental illness. The family is very close and Max's parents are identified as his primary carers. His siblings and grandparents are also members of his care network.

Georgie supports Max to identify his recovery goals and to identify who he wants involved in his care and the roles they will play. Based on this information, she meets with Max's parents to identify their needs, which involve providing information about Max's illness and gaining access to financial support.

Max's sibling and grandparents are given different kinds of information and supports according to their different needs and their different roles in Max's recovery. Georgie facilitates access for Max's siblings with an online community of friends and family members of people with mental health needs. They find connecting with others in a similar situation through Facebook and online forums a tremendous support as they navigate the changes in their family life.

## Practice task 29

1. What are two ways that you can facilitate supports to members of a person's support network?

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2. Name one way that facilitating access to services and supports for care network members benefits the person with mental health needs.

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3. What are three of the factors to keep in mind when facilitating access to services and supports for members of a care network?

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**Click to complete Practice task 29**

## Summary

1. Support the person's right to include family, friends, carers, neighbours, employers/co-workers or other support networks in their recovery journey. Make sure that people specify the roles that these others are to play and document these decisions.
2. The person must provide specific, informed consent before any information can be shared with members of their support network. The person must consent to what information is shared with which individuals and when this will occur. All consent must be documented.
3. A person's support network plays a crucial role in their recovery. Make sure that you help support network members (such as families, carers and friends) with all the information and supports that they need.
4. Build an effective working relationship with the person's support network by understanding, respecting and valuing their vital role in the person's recovery.
5. Provide members of a person's support network with information that meets their identified needs. This involves communicating effectively and respectfully, including providing cultural support and language services, where needed.
6. Always communicate respectfully and use a strengths-based approach to assist care network members to support the person with mental health needs. Assist care network members to identify and value their own strengths, capabilities and resilience.
7. Based on their identified needs, facilitate support network members' access to additional services, supports or training, as required and following professional standards of efficient service delivery.

## Learning checkpoint 4

# Develop and maintain effective working relationships with care support network

This learning checkpoint allows you to review your skills and knowledge in developing and maintaining effective working relationships with care support network.

1. What is one benefit to determining with the person who else they choose to involve in their recovery process and the roles they want them to play?

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2. What are the four steps involved in obtaining consent regarding what information can be shared with specific members of the person’s care network and the circumstances in which the information can be released?

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3. What are three ways that workers can support family, carers and friends?

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4. What are two ways that you can establish rapport and build an effective working relationship with relevant members of a person’s care network?

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5. What are two considerations when providing and communicating information so that it can be readily understood by members of the care network?

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6. What is one way to work from a strengths-based approach and communicate in a manner that respects the rights, dignity, choices and confidentiality of the person with mental health needs, while facilitating the care network to support the person?

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7. What are two ways that you can facilitate support, training or services to families, carers or friends of a person with mental health needs, based on their identified needs?

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8. What legal and ethical consideration for mental health work is applied in organisations and individual practice by obtaining consent to share information with members of the person's care network?

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## Topic 5

In this topic, you will learn how to:

- 5A Respond proactively to challenges, working with the person to identify ways to proceed**

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- 5B Maintain an empathetic, supportive and hope-inspiring approach as challenges occur**

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- 5C Respond promptly, positively and supportively to a person in distress or crisis and support access to required services**

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- 5D Respond promptly to de-escalate potential incidents or risks and promote safety**

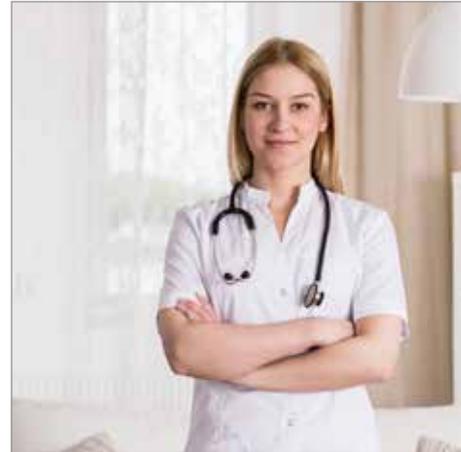
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## Support the person during challenges

Every recovery journey is unique. Most people with mental health needs encounter challenges of one kind or another during the process. As a support worker, you can assist consumers to prepare for, navigate and overcome challenges in a way that builds self-efficacy, minimises risk and maintains the safety and wellbeing of consumers, yourself and others. This topic examines some of the methods, tools and knowledge that you need to support people during the normal challenges that may occur during their recovery process.

# 5A Respond proactively to challenges, working with the person to identify ways to proceed

A person's recovery from mental health needs is a complex process. It often involves periods of wellness, as well as times of crisis or relapse. Consumers should be prepared to encounter obstacles, barriers and challenges in their recovery journey. In supporting consumers to respond proactively to these challenges, you can work collaboratively with them to identify practical ways to manage or overcome the specific challenge they are encountering.



When developing a recovery plan, you will have worked to identify and overcome any identified barriers to the person's recovery. Strategies to overcome these barriers are built into the recovery plan, acting as a form of early intervention to prevent challenges from occurring.

However, no recovery plan can offset every potential challenge, so you will be required to provide people with supports in crisis situations or when unexpected challenges occur. Additionally, you need to have procedures in place to overcome the challenges of noncompliance on behalf of people with mental health support needs.

## Challenges

To support recovery effectively, mental health workers must be able to identify and address difficulties or barriers that the consumer has in completing the agreed activities of the recovery plan or any challenges that they encounter generally. Workers can expect the support of their supervisor in addressing difficulties in meeting the requirements of recovery plans.

People can face a wide range of difficulties or barriers in meeting the goals of their recovery plans. These difficulties can be factors that they can influence, such as their own actions and behaviours, or factors that are out of their control, such as the actions of service providers or waiting lists for public housing. Some examples of challenges are described here.

### Examples of challenges

- ▶ Erratic illness symptoms that may affect motivation to start new activities such as study and training, or cause anxiety when engaging in new activities
- ▶ Medication side-effects that can affect concentration and memory, making it difficult to engage in activities such as employment
- ▶ Limited local resources, particularly for people living in rural and remote areas

- ▶ Restrictions in service delivery, such as limited access to emergency relief
- ▶ Waiting periods for appointments due to high demand for services, such as financial counselling
- ▶ Emergency situations, such as loss of employment, accidents or injuries, divorce or death of a loved one, etc.

## Identify challenges

Your effective communication skills assist in identifying difficulties, especially when working with people who may be reluctant to disclose problems they may be having in meeting the goals of their recovery plans. If people are feeling fearful, overwhelmed or angry because of the challenge, their ability to think clearly and to identify the challenge may be limited.

Rapport enhances a feeling of trust. Establishing trust is an ongoing process and once established, communication must continue to be effective to maintain it and develop the relationship. Supporting consumers to identify and address difficulties builds feelings of safety and trust.

Active listening skills, paraphrasing, questioning and observing of nonverbal communication such as body language and facial gestures can be used to identify difficulties that people may be experiencing. Make sure that you work collaboratively with the person to identify the challenge or difficulty that they are experiencing, as identification is the first step in addressing the challenge.



## Discuss challenges

Some people are reluctant to discuss difficulties because they perceive these difficulties as personal failures and there are often negative emotions connected to feelings of failure. Mental health workers can educate consumers to cope with difficulties and stress by developing resilience and coping skills.

You can also support people to identify and discuss their challenges by building good rapport. An effective working relationship characterised by mutual respect and trust. Once rapport is established, it must be maintained. Your practice and your communication is what maintains feelings of trust for consumers. If they can trust you they are more likely to be honest with you about their difficulties or concerns.

The following factors help to build trust:

- ▶ Respecting the person's rights by maintaining their privacy and confidentiality
- ▶ Encouraging self-determination and empowerment
- ▶ Communicating respectfully and actively listening to get a true understanding of the consumer's experience (empathy)
- ▶ Showing you are reliable by doing what you say you are going to do
- ▶ Assisting the person to meet goals and celebrating that success as a partnership
- ▶ Collaborating by respecting the person as the expert in their own life
- ▶ Building a partnership to support recovery

- ▶ Evaluating progress and seeking feedback from consumers about your work performance and practice
- ▶ Using mindful practice as a tool to improve

## Early intervention



One of the values and principles underlying mental health service provision in Australia is a commitment to early intervention. When a person is first identified as having mental health needs, early intervention and delivery of appropriate services should lead to a faster recovery. It often reduces the need for hospitalisation, allows the person to continue relationships and may allow family and friends to offer support. If the symptoms of mental health needs are acted upon early, it may mean that they do not escalate into something more serious or chronic. The person can stay connected

in the community by maintaining their social interactions and continue working. A general practitioner or community health centre are often the first to suggest some support for the person to assist them into recovery.

## Early intervention strategies

After a person has been diagnosed, it is a best-practice approach to adopt early intervention strategies to respond to the recurrence or worsening of symptoms that may trigger a relapse, or the lessening of the person's mental health or wellbeing. In practice, this means that you are required to act upon any reports of worsening symptoms or acute distress by notifying your supervisor, for example.

Each person's case needs to be taken individually, and will require varying early intervention strategies.

Early intervention may involve:

- ▶ working with the person to identify their triggers
- ▶ developing the person's skill in self-monitoring their mental health by assisting people to develop good mental health literacy
- ▶ collaborating with the care network (with permission) to monitor the person's behaviour for identified triggers
- ▶ facilitating access to appropriate mental health services once triggers have been noticed
- ▶ developing and expanding the person's coping skills and resilience
- ▶ building and maintaining a strong support network
- ▶ creating a plan to put into place if a trigger is observed; for example, planning who the person should contact for help and when.

## Identify ways to proceed

Whether consumers are facing challenges in their own actions or behaviours or in the actions of others or systemic difficulties, these challenges can affect motivation, concentration and engagement with the service and recovery plan strategies. Always encourage people to proactively respond to challenges and intervene early to ensure that their recovery is affected as little as possible.



Some difficulties are ongoing and consumers have to develop skills to manage or adapt to these situations.

If it is a difficulty outside of their control, such as waiting periods for appointments, consumers cannot change this situation but can adjust their behaviour. For example, they could begin making appointments well in advance and keeping them, rather than expecting to get an appointment immediately. If the difficulty relates to their illness or the side-effects of medication, consumers can address this with their psychiatrist who may be able to adjust the medication.

## Work with the person to identify ways to proceed

Mental health workers can assist consumers by discussing specific coping strategies that can help manage these difficulties. For example, if a person has trouble retaining information in appointments, they can support the consumer to ask for appointments when the consumer is generally more alert, such as at lunchtime. Each challenge will require an individualised response, based on the circumstances and the person's needs and goals.

Wherever possible, work collaboratively with the person on identifying the challenge, analysing the problem and creating solutions. This supports the person to develop problem-solving skills, which leads to greater self-efficacy. Provide people with several options of ways to proceed, so that they can exercise their right to make choices.

Here are some of the ways that you can help a person identify ways to proceed.

### Help identify ways to proceed

- ▶ Collaboratively identify the challenge, difficulty or barrier.
- ▶ Collaboratively analyse the problem; for example, why it occurred, whether it could have been prevented and what the consequences are likely to be.
- ▶ Suggest options for action, additional services, additional information and specific coping skills.
- ▶ Undertake research or gain assistance from a supervisor or colleague if required.
- ▶ Ensure that you report challenges to your supervisor to ensure that people gain the supports that they need.
- ▶ Remind people of their goals, successes and resilience.
- ▶ Encourage people to be proactive in responding to the challenge and intervening early.

## Reduce the likelihood of occurrence

All mental health consumers experience difficulties in their recovery, but it is the ability to identify and manage these difficulties that builds coping skills necessary in all parts of their lives. By assisting consumers to identify and manage difficulties, mental health workers are teaching an important skill. If difficulties or problems are not addressed, they can slow or halt the progress that consumers are making in recovery and undermine the effectiveness of the recovery plan.

Once a challenge has been identified and offset by taking appropriate actions in the short-term, care should be taken to reduce the likelihood of recurrence. Again, this will involve specific, individualised responses to the person's specific experience. Here are some examples of how to support people in order to reduce recurrence of challenges.

### Supports to reduce the likelihood of the challenge reoccurring

#### Meet immediate needs

Make sure that the person's immediate needs are met to address the challenge in the short-term.

#### Review and adjust plan

Use this instance to review the person's recovery plan and make adjustments as needed.

#### Extend positive coping strategies

Develop people's resilience and extend their positive coping strategies.

#### Identify success

Help people view their collaboration in identifying and overcoming the challenge as a success.

#### Develop a more positive view of challenges

Help people realise that each challenge is a set of problems that can be solved or managed.

## Noncompliance by the person

Another challenge that people may face in their recovery is their own noncompliance with their recovery plan or with specific actions within the plan. There can be a wide range of reasons for this noncompliance. There may be factors that they can control affecting their compliance, or there may be factors that they cannot control. Often, noncompliance signals that the plan needs to be adjusted or further developed to better meet the person's needs and goals.

Mental health workers must be able to identify and manage compliance issues to enhance recovery. There will often be actions that you can take to support the person to move past noncompliance. Where this is not possible, seek the support of your supervisor to address the noncompliance issues that are having a negative impact on the person's recovery.

Here is more information about identifying and managing compliance issues.

### Consumer engagement

Consumers are much more likely to comply with actions and recommendations if they have been actively involved in the development of their recovery plan. When they feel confident and agree with the goals set and the interventions proposed, they will be more committed to the outcomes. When there is rapport established between workers and consumers, the consumer will be more likely to raise issues that may impact on compliance. These concerns can then be addressed before noncompliance becomes a problem.

### Factors that affect compliance

Compliance is enhanced when the following factors are present:

- ▶ The consumer has been involved in the development of the interventions.
- ▶ The person's family and carers support the strategies.
- ▶ The person believes in the benefit of the intervention and it makes them feel better.
- ▶ The person trusts the mental health workers and other relevant parties, such as external service providers.
- ▶ There is a successful partnership between the mental health worker and consumer.
- ▶ People feel empowered and motivated to improve their circumstances.

If these factors are not present, the consumer is less likely to comply with the recovery process. Other factors that can cause noncompliance are:

- ▶ illness symptoms
- ▶ medication side effects
- ▶ feelings of shame and stigma
- ▶ drug and/or alcohol use
- ▶ lack of understanding about interventions.

### Non-conformance

If consumers are non-compliant they are unlikely to experience improvement and may discontinue with interventions altogether.

Active non-conformance is when consumers choose not to undertake service delivery or recovery plan strategies. Examples of active non-conformance are:

- ▶ refusing to attend agreed appointments
- ▶ refusing all referral suggestions
- ▶ not engaging in the therapeutic relationship.

Passive non-conformance is when consumers are reluctant to engage with the activities of the recovery plan but cannot articulate their feelings or reasons. In these cases, it could be said that they are sabotaging their care.

Examples of passive non-conformance are:

- ▶ resistance to doing agreed tasks but not refusing
- ▶ forgetting to do agreed upon tasks
- ▶ not asking questions or seeking clarification when they don't understand something.

## Reporting to your supervisor

When reporting on compliance issues, workers must use objective, factual language rather than subjective language, which gives an opinion. Supervisors must be informed of compliance issues so they can monitor the impact these are having on the consumer's recovery progress.

### Example

#### Respond proactively to challenges, working with the person to identify ways to proceed

Martha is a 45-year-old woman who has been living with schizophrenia for 25 years. She has experienced periods of homelessness, interspersed with living in temporary, supported accommodation. She has prioritised obtaining stable, affordable housing in her recovery plan.



Carl, the mental health worker assisting Martha, helps her with an application for state housing. The application for priority assistance is successful but the waiting period is at least 18 months, so Martha needs to find stable accommodation in the meantime.

Martha is not able to find suitable accommodation. She has difficulty explaining why, stating only that 'no-one will give someone like me a chance'. By demonstrating empathy and using effective communication skills, Carl identifies a number of difficulties affecting Martha's ability to obtain accommodation. These difficulties include the limited availability of temporary accommodation; the private rental market is too expensive for Martha as her only income is Centrelink payments, and she does not have references. Once these difficulties are identified, the worker and Martha collaborate to identify strategies to address them.

## Practice task 30

1. Explain one way that early intervention affects your work activities.

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2. What are three challenges that people may face in their recovery journey?

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3. What are two ways that you can support people to identify ways to proceed?

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**Click to complete Practice task 30**

## 5B Maintain an empathetic, supportive and hope-inspiring approach as challenges occur

People who experience mental health needs require great resilience to manage their challenging life experiences. Workers can support them by demonstrating empathy and compassion and by modelling a supportive and hope-inspiring approach to meeting challenges in the recovery journey. By expressing your own confidence in their ability to meet their recovery goals and to view challenges as a normal part of life, you support people to see their challenges as opportunities to learn, not as signs of personal failure.



### An empathetic, supportive and hope-inspiring approach

Many people with mental health needs feel isolated and can become fearful or overwhelmed when facing challenges. The thought of a relapse can be terrifying for some people and many people tend towards self-blame, hopelessness and apathy. These poor coping skills are often reinforced by stigma and by people's experiences. You can offer people a different way of looking at things by expressing empathy for their experience, by offering practical supports and by expressing confidence in their ability to manage their challenges.

Inspiring hope in the people you support can involve many small actions such as offering encouragement, reminding people of their successes and helping them problem-solve. It is also a matter of attitude, of using all your interactions as a way to express confidence in the person and their ability to meet their recovery goals.

How you express empathy, support and use a hope-inspiring approach will differ depending on the person and the circumstances, but two common techniques include supporting the person's self-esteem and using normalising statements.

### The person's self-esteem

People diagnosed with mental health needs often experience a loss of self-esteem and confidence. The needs and associated treatments can engulf them to such an extent they feel a loss of purpose and identity. This may be reinforced by health professionals that treat them not as a unique individual with their own hopes and aspirations, but as a person with mental health needs, and view the person simply as a cluster of symptoms to be managed and controlled. Loss of self-esteem may also be related to loss of ability to function or manage daily living skills, loss of ability to work or perform expected roles, difficulty managing symptoms or lack of community understanding or knowledge about mental health needs.

Our society places a high value on people carrying out expected roles such as working, having a family, consuming and generally leading what is considered a normal, successful life. Those who are unable to fulfil these expected roles, even if only for a short period, keenly feel their loss of value in the eyes of others. Similarly, they may feel trapped in a role not of their choosing but one that they, as someone with a diagnosed mental health needs, feel they are expected to play: the role of the patient who should defer to authority and not expect great things of their life.

## Consequences of low self-esteem

Unfortunately, people who have been diagnosed with mental health needs can all too easily fall into a passive role. This is a result of or can lead to further disempowering thoughts and fears.

A consumer with low self-esteem may begin to feel as though they:

- ▶ don't have a say in their own life
- ▶ can't make choices, solve problems or overcome challenges to their recovery
- ▶ can't be trusted to do anything responsible like manage their own health or be a productive employee
- ▶ will never be able to work or make their own way in life
- ▶ have no value as a person.

## Inspire hope

Non-clinical mental health workers must work to re-establish a sense of hope and purpose in the lives of consumers. Mental health consumers who feel hopeful are more likely to take control of their lives and find ways of being well, whereas those who do not feel hopeful are more likely to be passive and make little effort to help themselves. Once a person has a sense of hope in their life, they can start to take on challenges that build their sense of self-esteem and worth.

Workers in mental health services must engage people in a collaborative and trusting relationship in order to build the consumer's confidence and sense of empowerment, and to inspire hope.

Workers need to:

- ▶ find and value the unique individual behind the illness
- ▶ listen to their experience and respond with empathy
- ▶ promote hope; for example, remind people of others who have succeeded in their recovery journey
- ▶ be trustworthy and constant
- ▶ recognise the individual's strengths
- ▶ focus on the whole person, not just their symptoms
- ▶ assist the consumer to set small goals and work systematically to achieve them
- ▶ assist the consumer to perceive challenges as normal and as opportunities to learn and build capacity and resilience
- ▶ celebrate the person's successes.

## Hope for recovery

Mental health workers must ensure they do not unintentionally convey the impression that there is no hope for recovery. For people who are already in a fragile state, this can lead to further erosion of confidence and self-esteem. Recovery does not occur through an individual passively receiving services and being told what to do. Workers must help build an individual's confidence in themselves to the point where they make choices, set their own goals and take control of their own health.



## Steps to higher self esteem

To build a consumer's self-esteem collaboratively, the first goals they set should be small, achievable goals. As they experience more success, they can build up to achieving bigger goals and handling the occasional setback or challenge without feeling like a failure.

The process of rebuilding an individual's self-esteem involves steps that assist the person to have confidence in their plans and increasingly in themselves.

### The process of rebuilding a person's self confidence

Encourage the person to decide what goals they would like to achieve.

Work out how the goals can be achieved; for example, if a person wants to do a course in cooking or car mechanics, they need to take steps to find out what resources they need to achieve this goal.

Develop an action plan for how they can achieve their goal; for example, breaking down the goal into small steps such as finding what course they would like to study, contacting the institution and so on.

Promote the person's positive coping skills and problem-solving skills to help them meet and overcome challenges.

## Normalising statements



For many people with support needs, speaking about the challenges they face can be very difficult. Most people with mental health needs are acutely sensitive to other people's perceptions of them as being different or strange, and to people's beliefs that they cannot cope or recover. Often, consumers internalise these beliefs and thereby create a false self-impression that the challenges they experience are a sign that they are not normal. Many consumers are adept at masking their distress so that they can seem normal and functional, according to society's standards.

One of the ways that workers can support people to talk about their challenges and to view them in a new light is to use normalising statements. This is a counselling technique that is an extension of active listening.

## Use normalising statements

Normalising statements are used when a person shares a feeling or experience: the worker reflects back what they have heard, framed in a general statement that conveys the belief that others share the same experience or feeling. Normalising statements help people realise that their experiences or feelings are neither unusual nor a sign of their difference. They subtly encourage people to reframe their thoughts, feelings and experiences to reassure them that they are safe to express them and ask for help. This inspires hope and demonstrates empathy and support.

Here are some examples of normalising statements that you could use to support people facing challenges.

### Normalising statements

- ▶ 'Many people feel that ...'
- ▶ 'Other people tell me ...'
- ▶ 'Often, this is about ...'
- ▶ 'Having that symptom/feeling/thought is a common experience.'
- ▶ 'That happens to a lot of people.'
- ▶ 'Lots of people find managing ... challenging.'
- ▶ 'Most people take time to get the hang of ...'
- ▶ 'This is a really common experience and is often linked to ...'
- ▶ 'I've experienced that too.'

### Example

#### Maintain an empathetic, supportive and hope-inspiring approach as challenges occur

Jess has been a consumer at a particular mental health service for years. She hasn't made much progress, remaining very withdrawn and uncommunicative. Joe, a new coordinator at the service, meets Jess and realises that she is very negative about herself.

Joe starts to work with Jess to update her support plan, expressing confidence in her ability to recover. He realises her strengths are that she loves to study and that she has an inquiring mind. He teaches her basic digital literacy skills to use the internet, which she is interested in but has never had an opportunity to learn. He gradually introduces her to the many resources online regarding the recovery movement.

Jess is amazed. Gradually, she starts to come out of her shell. Via the internet, she makes contact with people all over the world who have recovered from mental health needs and who offer her support and advice. At first, she is most comfortable communicating with people online but after a while she wants to start a peer support group for consumers at the service. Joe agrees to help her set it up and to learn the skills to run it. Jess is a sensitive and effective facilitator. She helps many other people and gains new social skills and confidence in herself.



# Practice task 31

1. What are two ways to maintain an empathetic, supportive and hope-inspiring approach to people facing challenges?

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2. What are two reasons why using normalising statements benefits people experiencing challenges?

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3. What are two normalising statements that you could use to support people facing challenges?

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**Click to complete Practice task 31**

# 5C Respond promptly, positively and supportively to a person in distress or crisis and support access to required services

At times, workers may encounter people in acute distress or crisis. It is vital to be prepared with effective strategies to support the person in a prompt, positive manner. This is often called crisis intervention, and includes ways to support the person immediately to access other services or professionals. To be able to support people experiencing distress or crisis, workers need to fully understand:

- ▶ the boundaries of their work role
- ▶ their workplace's referral procedures
- ▶ their legal and ethical responsibilities, such as mandatory reporting.



## People in distress

While experiencing some level of distress is a common feature of many mental health needs, people who are experiencing periods of acute distress or crisis need specialised support and care. Many people cry or exhibit unhappiness or discomfort when they are explaining their history or when in stressful situations. Your ability to establish rapport and create a safe, supportive environment will mitigate this level of distress. Make sure that you provide encouragement, facilitate the person to gain support from a friend or family member, or reschedule a potentially stressful meeting to another day, if appropriate.

## People in crisis

You may also encounter people who are in a crisis situation or who are experiencing acute distress, which requires different strategies. Your workplace's policies and procedures will contain detailed information about what you should do in these situations and how to recognise when people are in distress or crisis. All your responses should uphold your legal and ethical responsibilities to ensure everyone's health and safety, should be targeted to provide both immediate and long-term relief and should be individualised to the person's specific circumstances and needs.

Crisis or distress may be triggered by:

- ▶ injuries, accidents, diagnosis or relapse
- ▶ adverse life events such as death of a loved one, divorce/break-up, eviction or job loss
- ▶ acts of violence, either by the person or involving the person
- ▶ natural disasters such as bushfires or floods
- ▶ emergency situations such as bomb threats or robberies
- ▶ noncompliance with medication.

## Support people in distress or crisis

What causes crisis or acute distress in individuals varies, and individuals react differently. A crisis may be defined as a situation where a person feels overwhelmed and unable to cope, and usually involves a significant level of physical, emotional or psychological distress. The strategies that you use to support people in distress or crisis will vary depending on the circumstances of the situation and the person's immediate needs.



Effective crisis intervention has a three-level approach, including providing people immediate assistance to mitigate the impact of the crisis-inducing event, facilitating a normalising recovery process and restoring previous level of functioning. For example, if a person is in crisis because they have suddenly become homeless, your approach may involve accessing temporary accommodation so that the person has somewhere safe to sleep that night, investigating long-term accommodation and financial options to support them to find a home and counselling to restore their sense of safety and increase their resilience.

## Requirements and strategies for supporting people in distress or crisis

Make sure that you are fully aware of your workplace's policies and procedures for responding to people in distress or crisis and follow them at all times. Appropriate strategies will vary depending on the crisis that the person is experiencing, their needs and circumstances, your job role and responsibilities and the level of immediate threat or risk. Clearly, if the health and safety of the person or anyone else is at risk, this will require specific responses to uphold your duty of care. Speak to a supervisor or colleague for immediate assistance as required.

Strategies to support people in distress or crisis include:

- ▶ seeking assistance from your supervisor or colleagues immediately, if required
- ▶ responding promptly
- ▶ remaining positive
- ▶ supporting people's access to required services such as police, emergency services, accommodation services or domestic violence shelters
- ▶ mandatory reporting
- ▶ having strategies in place to seek assistance for the person for issues that are outside of your job role, including referrals to other services and health professionals
- ▶ helping people clarify the situation, to express their emotions and to access appropriate counselling services, such as grief counselling
- ▶ following workplace policies and procedures to assess and manage situations where a person with a serious mental illness may require hospitalisation.

## Respond promptly, positively and supportively

All people who are experiencing distress or who are in a crisis situation need to be assisted promptly, respected and supported to access the services that they need. Remaining positive helps maintain calm and expresses confidence in the person's resilience and ability to navigate the crisis.



Remaining positive also involves being non-judgmental. Some people who experience a crisis or acute distress exhibit negative coping strategies, such as harming themselves or others, lashing out in anger or frustration verbally or physically, and so on. While you need to do everything you can to support everyone's health and safety, including the person, yourself or others, try to remain objective. It is important not to blame people who react negatively, such as by self-harming or harming others. Focus instead on solutions; find ways forward so that the consumer and their loved ones don't get stuck in a cycle of self-loathing.

## Support people's access to required services

When a person presents in crisis or distress, the first step is to uphold the health and safety of everyone involved. Once your WHS obligations have been met, you can begin to support the person to clarify the situation, to identify what they need and to support their access to the required services.

People in distress may not be thinking clearly and may require extra assistance to help identify their needs and to problem-solve. You can support people's access to the services they need by offering options and suggestions, understanding the boundaries of your work role and upholding your legal and ethical obligations, such as mandatory reporting and WHS considerations.

## Work role boundaries



As a mental health worker, you should always be mindful that you have a legal, professional and ethical responsibility to only provide assistance within the parameters of your job role, experience and 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.

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

## Investigate work role boundaries

In terms of people in distress or crisis, it is vital to understand the limitations of what you are competent to assist people with, ensuring that by referring them on, they will receive the supports that they need.

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

- ▶ undertaking orientation when commencing a new role
- ▶ reading their position description
- ▶ reading their workplace policies and procedures
- ▶ reading the person's care plan or other documentation
- ▶ talking to their supervisor.

## Seek assistance for issues outside work role

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



A key part of ongoing professional development is that mental health workers recognise the limitations of their knowledge and expertise and seek expert advice and supervision, as appropriate. Knowing the extent of your role ensures that you are able to initiate referral procedures in a timely manner, which is essential when a person is experiencing distress or a crisis situation.

## Referral processes

If you identify that the person you are supporting requires services that are beyond your job role or scope, you will need to refer them to other mental health professionals or service agencies. This is often the case in situations where the person is in distress or experiencing a crisis.

The first thing you should do is consult the person and explain why you believe a referral is necessary. You should explain in clear language that you are either not qualified or not authorised to offer the service or expertise needed by the person, and that the advice of another health professional would be helpful. Always obtain written consent from the person and add this consent document in their file.

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

## Refer appropriately

Here is more information about referral processes.

### Holistic care

Holistic care often requires a team of professionals to provide support. There will be instances when the services of new professionals are required and you will need to make a referral. In some cases, services are only provided following a referral by a medical practitioner.

Referrals occur when a case manager or other professional links a consumer to another service or support. This ensures that the consumer has access to more services and is more likely to feel they are being supported, and will help you avoid any gaps or duplications in service delivery.

Be aware of people's roles within the referral process, and what procedures you must follow when referring consumers to a new service.

### Identify roles

There will be times when consumers need more support than you can offer them. You may not have the expertise necessary to offer the support needed, the treatment requirements may be outside of your scope of practice and level of authority, or there may be personal reasons why you cannot provide appropriate treatment.

Referrals can be made within an organisation or to external people and organisations. There are always at least three parties involved in the referral process:

- ▶ The consumer – the person who should be kept at the centre of the referral process
- ▶ The person making the referral – this person's actions should reflect the consumer's preferences
- ▶ The person or organisation receiving the referral.

### Be organised, thorough and prepared

The referral procedures you must follow may include the following aspects:

- ▶ How you make the referral; for example, telephone, fax, online, sent via mail, face-to-face
- ▶ Information to be included on the referral; for example, personal contact details, current history relevant to the referral, information about the services and specialist care the consumer currently receives
- ▶ Consent; that is, permission from the consumer to make contact with other services and specialists
- ▶ Attachments; for example, other documentation that must accompany the referral such as a letter from a doctor or specialist

Make sure you are aware of any eligibility criteria. For example, to be eligible to access residential aged care, a person may need to have ACAT assessment documentation stating that they are eligible for and have physical, medical, social or psychological needs that require residential care.

## Follow organisational procedures for making a referral

The following is a typical process for making a referral:

- ▶ Identify that the consumer has an unmet need that they would like addressed.
- ▶ Assess the available and appropriate support mechanisms. Ensure the referral is based on the best interests of the consumer rather than any other motive, such as any professional or other relationship you may have with the service provider. Avoid conflicts of interest. Choose agencies and support mechanisms that use evidence-based practices and have good records and reputations. If you are unsure about what is available or the suitability of agencies and services, speak to other workers. Check eligibility criteria.
- ▶ Talk to the consumer about available options. Be sure to discuss the costs and benefits of each option.
- ▶ Give the consumer time to think about which option is best for them.
- ▶ Ask the consumer whether they would like you to make a referral.
- ▶ If the consumer agrees to a referral, make sure you get their informed consent in writing. You need to be sure that the consumer fully understands the reason for referral and the referral process, and they are happy for you to pass on their information to other agencies. Your organisation should have consent-to-release-information forms. Make sure you keep a copy of the completed form on file.
- ▶ Make the referral by following the protocols of the other agency. Ensure that you contact the right person, and do so verbally or in writing depending on the agency's preference.
- ▶ Follow up on the referral.

## Clarifying roles

In the past, a worker's role would end once a referral had been made. This approach resulted in gaps in service delivery, with consumers not always provided with appropriate or wanted referrals. Now, much more is expected of workers. It is your responsibility to make a link with the other agency and ensure that the consumer feels supported to use the services they have been referred to.

Ideally, consumers should be involved in all aspects of their referrals. You may also need to involve others. For example, family members, partners and carers may need to remind the consumer about following up and attending appointments that have been made as part of the referral process.

Some services, such as those offered by specialist medical professionals and some Medicare-funded services, are only accessible through a referral from a general practitioner. It can sometimes be difficult to access the services of a GP, or there may be a long wait time. Many consumers simply attend whichever bulk-billing clinic is open or most convenient when they have a medical issue, which can make it difficult for you to compile accurate medical histories. Wherever possible, it is better if a consumer establishes an ongoing relationship with one GP. This helps provide continuity of care.

## Supporting a self-referral

Sometimes a person may wish to refer themselves to a service. Where possible, the person should be encouraged to self-refer. Like all tasks, self-referral requires knowledge, skills and confidence.

Consumers need to:

- ▶ be aware of how to approach services providers and make their needs known
- ▶ have skills in communicating to express what they need to find out about their responsibilities
- ▶ have confidence to ask questions and approach new people
- ▶ be literate so that they can read information from the service provider and fill out appropriate forms.

You can find out about a consumer's level of competence by accessing other assessments, watching them, interacting with them, speaking with others involved in the person's care and asking the person.

It is your job to make sure that consumers are equipped to self-refer. While it is often quicker to take over the referral yourself, it is better in the long run to help the person to do it themselves. It is your job to promote their autonomy while making sure they are adequately supported.

While it can be easy to think of self-referral as a black and white issue with the person either supported or not being supported, the reality is far more complex. Levels of support range from no support through to high-level support.

The help you offer may include:

- ▶ providing people with information about how to self-refer
- ▶ helping people develop communication skills through role-plays
- ▶ encouraging people by providing positive feedback and engaging in other reaffirming activities.

Keep in mind that high-level support is not always the best form of support. The best form of support is one that encourages consumer competence, self-worth and self-efficacy, as well as facilitating access to appropriate services.

## Mandatory reporting

In all work activities, you are required to uphold all of your legal and ethical obligations as a mental health worker, including mandatory reporting. Your mandatory reporting requirements are outlined in the relevant legislation in your location (such as the mental health Act in your state or territory) and your workplace policies and procedures.

Mandatory reporting requirements vary between locations, but generally involve cases of abuse, neglect or threats of harm to oneself or others. Carers and service providers are legally required to report abuse and suspected abuse. For example, government-funded residential care services must report all incidents or allegations of serious sexual or physical assault.

Sometimes, the focus of care is on keeping people safe. Safety is certainly important, but safety needs must be balanced with people's right to freedom of movement. Except in certain extreme circumstances, restrictive practices are illegal.



Case managers' duty-of-care obligations extend beyond consumers. You also have a responsibility to your consumers' friends, family members, other workers, members of the general public and anyone else that a consumer may physically abuse or harm in some way.

Understanding self-harm and how to respond to consumers who are at risk of harming others is a critical part of your role.

## Consumer self-harm

Some forms of self-harm are easy to recognise as destructive. Cutting, burning, hair pulling and picking at or scratching one's own skin are examples of behaviours that are clearly maladaptive.

Other forms of self-harm are harder to identify because they exist on a continuum. For example, while cases of extreme alcohol consumption and many eating disorders are easily recognisable, it is harder to gauge what constitutes moderate alcohol consumption for some people, and it is difficult to distinguish between a person who is a little underweight and one who is deliberately limiting their food consumption as an attempt to selfharm.



It is not uncommon for consumers with complex needs to feel trapped, powerless and worthless. Self-harming can occur because a person wants to exercise control over themselves or wants to punish themselves. Self-harm activities are not always conscious, but can often be habitually carried out during times of stress or during a crisis.

## Consumers harming others

Consumers may hit, punch, bite, slap, kick or strangle others, or wound them using weapons such as knives, walking sticks and so on. They may cause emotional harm with name-calling, insulting others, withdrawing attention, making threats or using physical and sexual abuse. They may harm others financially in ways such as deliberately withholding money, taking money or destroying property.

Signs of physical abuse include bruising, bleeding, increasing withdrawal, weight gain or weight loss and broken bones. Signs of emotional abuse include lack of grooming and fear of a particular person or people of a similar appearance to a person who is behaving abusively.

People who harm others may:

- ▶ have a psychiatric disorder and mistakenly believe that others are a threat to them
- ▶ be experiencing psychosis and be unaware of what they are doing
- ▶ have antisocial personality disorder and not care about others
- ▶ feel weak and want to assert their superiority
- ▶ perceive violence as the norm in their culture or community
- ▶ be responding to a crisis using this negative coping mechanism.

## Risk factors for harming others

While it may seem surprising, some people freely admit that they harm others. Others will not be aware that they are causing harm or may believe that others deserve poor treatment. These people usually try to conceal their behaviours. You need to be aware of risk factors that may signal a person is at increased risk of abusing others. For example, spouses and children who are marginalised may be at risk; people who are not connected to other people who provide emotional and practical support are more vulnerable to abuse. Other factors include poverty, drug and alcohol use, or a history of abuse where the consumer may be the abuser or the abused.



Remember that the presence of one or more of these factors signals an increased risk. Abuse may be occurring even if none of these factors are present. Conversely, all of these factors may be present without any abuse. Do not allow prejudice or stereotypical thinking to impact on your assessment and course of action.

## Respond to people who may harm themselves or others

These strategies may be useful if a consumer has a history of self-harm or harming others, appears to be at risk of causing harm, or you or other workers suspect harm or abuse.

### Responses to harm or risk of harm

1

#### Collect relevant contact numbers

Have the telephone numbers of helplines and psychiatric triage available. If it is probable that a person will harm themselves or others, contact psychiatric triage.

2

#### Respond with empathy

If a consumer tells you they have self-harmed or plan to self-harm, stay calm. Empathise with the consumer. You might initiate a written agreement or contract in which the person agrees not to hurt themselves. Help the consumer develop more productive ways of coping through therapy.

3

#### Take threats seriously

If a consumer makes threats towards family members or others, always take them seriously. Gather as much information as possible about the situation. Keep the consumer calm. Contact emergency services. As soon as appropriate, complete an incident report.

4

#### Prioritise safety

Keep the people you support safe if they experience crisis. If a person has harmed themselves or others, provide or arrange first aid according to organisational procedure. It is best practice to take notes during a crisis. Speak with your manager and, if possible and appropriate, involve others. As soon as appropriate, complete an incident report.

5

#### Avoid restrictive practices

Do not use restrictive practices unless the relevant government department has sanctioned them and all other options have been exhausted.

6

**Adhere to mandatory reporting obligations**

There are times when mandatory obligations will apply. While these obligations vary between states, most people working in aged care and children's services are subject to some mandatory reporting requirements. This means they must inform the relevant government department and the police if they suspect or know that someone is being abused.

7

**Update records**

Make sure you update consumer records. Record any support mechanisms that were used in the consumer's service plan.

8

**Advocate use of appropriate therapy**

Services exist to help people who are causing harm to others. Cognitive behavioural therapy, anger management and family therapy are just some of the interventions that can help, providing the consumer is willing to participate. Helping the consumer can mean that you help their whole family. It is also important to support survivors of abuse. Provide a safe space where they can discuss their concerns. Reaffirm their right to feel safe and secure. Encourage them to seek help.

**Example****Respond promptly, positively and supportively to a person in distress or crisis and support access to required services**

Lorna is a welfare worker who is working with Jacinta and her son, Charlie. Charlie is 20 years old and experiences confusion and delusions. Lorna's nephew displays similar behaviours and he has just been diagnosed with schizophrenia. Lorna considers disclosing her situation to Jacinta but realises that her own personal experiences could be clouding her judgment. In addition, she is aware that she is not qualified to make a diagnosis about schizophrenia.

She says to Jacinta, 'There are many possible reasons for your son's behaviour. How would you feel if I referred you to a mental health specialist?' Jacinta says that she would be pleased to receive specialist advice. Lorna arranges a referral letter immediately.



## Practice task 32

1. What are three strategies that you can use to support people in distress or crisis?

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2. What is one way that knowing your work role boundaries, responsibilities and limitations is actually supportive to people in crisis or distress?

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3. What are two places where workers can identify their mandatory reporting requirements?

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[Click to complete Practice task 32](#)

# 5D Respond promptly to de-escalate potential incidents or risks and promote safety

Upholding the health and safety of consumers, yourself, your colleagues and visitors to the workplace is a fundamental aspect of your work role. Your requirements under national WHS legislation involve participating in all workplace WHS activities, including knowing what procedures to follow in the case of an emergency or an incident that poses a risk to health or safety.

Knowing what to do to de-escalate potential incidents or risks promotes everyone's safety and upholds your WHS obligations. Knowing how to identify behaviours of concern, how to defuse aggression and how to use negotiation techniques supports your safety, as well as the safety of consumers and others at the service.

Your workplace is also required to maintain a safe workplace for you, for consumers and for all visitors as part of its WHS requirements, which you can support by making risk assessments, reporting all incidents and notifying authorities of breaches, if required.



## Work health and safety

It is within the work role boundary of everyone in the workplace to uphold work health and safety principles. The *Work Health and Safety Act 2011* (Cth) is a national law that sets out responsibilities for health and safety in the workplace. This Act replaces the previous *Occupational Health and Safety Act 1991* (Cth) and the individual state and territory Acts for health and safety. At the time of publication, not all states and territories have harmonised with the new legislation.

This legislation states that employers must take practical and reasonable steps to protect the health and safety of employees at work, and workers have a general duty of care to ensure that they work in a manner that is not harmful to their own health and safety, or the health and safety of others. In terms of risk, services must take reasonable steps to prevent incidents and to fully investigate all incidents that are reported and make adjustments to policies, procedures and workplace activities as required.

WHS legislation is designed to create safe working environments and reduce work-related accidents and illness and their related costs. WHS policies and procedures are based on legislation, regulations, codes of practice and standards.

## Uphold safety in the workplace

As a worker, you need to access this information and ensure it is upheld in your service in the following ways.

- Make your workplace safer**
- ▶ Take reasonable care of your own health and safety at work.
  - ▶ Tell your supervisor about potential hazards or physical problems in the workplace.
  - ▶ Follow any safety guidelines according to your training and instructions.
  - ▶ Take reasonable care not to affect the health and safety of others by your acts or omissions.
  - ▶ Work with your employer in any action taken to make your workplace safer.
  - ▶ Report any incident or injury immediately to a supervisor.
  - ▶ Do not wilfully or recklessly interfere with or misuse safety equipment provided.
  - ▶ Do not wilfully put at risk the health and safety of others.

## Risk assessment

Mental health workers have a duty of care to those they support and other service users not to be negligent by exposing them to avoidable risk. Workers also have an obligation to report WHS concerns that could affect them. If you feel stressed at work, there is an obligation to raise this with your supervisor so strategies can be developed to address this health and safety issue. Any hazard that can affect a person’s health and safety should be identified so it can be addressed. This includes identifying behaviours of concern in individuals, which may pose a risk to themselves, to you, your colleagues or others.

Many activities in the mental health sector carry some degree of risk. It is the organisation’s responsibility to be informed about possible risks and identify the level of risk that an activity may pose. Assessing risks means understanding the nature of the harm that could be caused by the risk, how serious the harm could be and the likelihood of it happening. The level of risk is often given a ranking number, and if the score is high, then control measures should be put in place to decrease the possible harm to others.

<b>LIKELIHOOD</b>	VERY LIKELY	Acceptable risk Medium	Unacceptable risk High	Unacceptable risk Extreme
	LIKELY	Acceptable risk Low	Acceptable risk Medium	Unacceptable risk High
	UNLIKELY	Acceptable risk Low	Acceptable risk Low	Acceptable risk Medium
		MINOR	MODERATE	MAJOR
<b>IMPACT</b>				

## Questions to help with risk assessment

Risk assessment is sometimes an instant and intuitive matter but more often, a risk assessment should be made in a methodical, evidence-based and objective way. Keep in mind the following simple questions that reflect and prompt necessary steps in risk assessment.

### Questions that can 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?
- ▶ What are the risks of not working towards the goal?

## Manage risk

Managing work health and safety risks involves four steps as shown below. You can also read more about managing risk via the Safe Work Australia website:

- ▶ <http://aspirelr.link/safe-work-australia>

### Four steps to managing work health and safety risks



#### Identify hazards

Find out what could cause harm. This may involve undertaking risk assessments or reporting hazards as they occur or are noticed. Make a report when first observing behaviours of concern in an individual.



#### Assess 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. This can be formally quantified using a risk assessment procedure or template.



#### Control risks

Implement the most effective control measure that is reasonably practicable in the circumstances. Use the hierarchy of controls.



#### Review control measures

Ensure control measures are working as planned. Control measures must be selected to eliminate the risk, so far as is reasonably practicable. If elimination is not reasonably practicable, the risks must be minimised so far as is reasonably practicable. All measures should be regularly reviewed and assessed following your workplace's policies and procedures.

## Control risk

Once 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 risks is to eliminate a hazard, so far as is reasonably practicable. If not reasonably practicable the next step is to minimise the risks so far as is reasonably practicable, by substituting (wholly or partly) the hazard creating the risk with something that creates a lesser risk. If that is not possible then you can isolate the hazard from any person exposed to it, and/or implement engineering controls (see examples below).

Here is the hierarchy of control.

### Eliminate the hazard

Eliminating the hazard means getting rid of the hazard completely. For example, Wendy has recurring claustrophobia and anxiety attacks when she travels on trains or trams, so now she only travels by taxi or private car.

### Substitute

Change the hazard for something less risky. For example, Claire, a young adult who has just been diagnosed with schizophrenia, chooses to travel with her sister by car to TAFE in the evening rather than take public transport. There are still risks associated with driving, but for Claire, these risks are far less than those associated with travelling late at night on public transport.

### Engineering controls

Sometimes it is appropriate to use special equipment or environment modifications to minimise the risks. For example, Bob is an older person who wants to socialise to improve his feelings of mental wellbeing. He has low blood pressure and low bone density. The risk of falling is heightened by his low blood pressure. The consequences of falling are also higher due to low bone density. Bob uses a motorised scooter to get to and from social events at his local bowling club.

### Administrative controls

At other times, it is more appropriate to train people to do things more safely. For example, Kate has a history of engaging in risk-taking behaviour such as having sex with strangers. She does not want to change her behaviour. A safe-sex educator helps her by providing her with information on reducing the risks associated with having sex with multiple partners.

### Personal protective equipment (PPE)

Personal protective equipment can include gloves, sunglasses, steel capped boots, hats, other forms of protective headwear and gloves.

## Respond appropriately within organisational guidelines

Services offering support to people with mental health needs have a duty of care to staff and the people they support and an obligation to provide a safe workplace or service. Each agency has a policy that relates to safety and that reflects the requirements of legislation and any relevant service or accreditation standards.

Here are three examples of an organisation's policies that provide details on what should occur in crisis situations or incidents.

### A policy on safety issues and prevention in mental health work

- ▶ Keeping accurate and up-to-date records relating to where workers are when out in the community or on home visits
- ▶ Visits that may pose a safety risk; for example, two staff members must attend venues to meet with individual consumers and communities
- ▶ Use of protective gloves

### A policy regarding emergency response

- ▶ Access to mobile phones
- ▶ After-hours and on-call support
- ▶ Order of notification in case of critical incident; for example, call emergency services on 000, then notify manager, then complete an incident report
- ▶ Critical incident debriefing and employee assistance programs (EAP) for counselling

### A policy regarding security

- ▶ Use of worker's surnames and phone numbers
- ▶ Key registers and alarm codes
- ▶ Overnight parking of the organisation's cars

## Behaviours of concern

Workers may encounter situations where a consumer, family member, carer or visitor is exhibiting behaviours of concern or threatening behaviour. Aggression is one example of this, and includes any behaviour that another person finds offensive or frightening. Aggressive behaviour can be physical or verbal. It ranges from raised voices and speaking harshly to inflicting physical injury. Threats of physical violence and intimidation also cause emotional distress and can be traumatising.

## Respond to behaviours of concern

It is vital to be aware of your workplace's policies and procedures for managing and reporting behaviours of concern. As a support worker, if you ever feel afraid for your own safety, you should remove yourself from the situation and report the incident immediately to your supervisor or as per your organisation's policies and procedures for emergencies.

Here are some examples of how to respond when confronted with threatening behaviour.

### Strategies for responding to behaviours of concern

- ▶ If a person threatens you, try to remain calm to prevent the situation from escalating.
- ▶ It is important not to insult or challenge the individual.
- ▶ If possible, wait until the person is in a calmer mood before trying to negotiate a solution to a particular problem.
- ▶ If a person appears to be having a serious relapse, call in help from a family member, friend, outreach mental health team or the police for involuntary hospitalisation.

## Defuse aggression

Mental health workers must know how to recognise when aggressive behaviour is escalating or becoming worse, and understand and use strategies that help minimise the behaviour. Always ask for help and assistance from a colleague or your supervisor.

It is best to try to prevent or defuse the aggressive behaviour as soon as you notice the signs, but sometimes preventive measures may not work. Do not blame yourself if aggression escalates. You should concentrate on handling the situation as best you can to minimise the aggression and change the situation. Always report the incident to your supervisor and follow up with documentation as soon as possible.

When handling escalating aggressive behaviour:

- ▶ stay calm and speak in a level and reassuring voice
- ▶ use the person's name and ask them to stop
- ▶ use short, clear and direct sentences
- ▶ do not raise your voice
- ▶ address the cause of aggression if possible
- ▶ try to distract the person and get them thinking about something else
- ▶ stay out of reach if there is the potential for injury
- ▶ do not intrude into their personal space as it may threaten them into reacting further
- ▶ keep yourself and the person as safe as possible
- ▶ call for help from co-workers, a carer, supervisor or the police if necessary.

## Use negotiation techniques

Although aggression may be difficult to deal with at first, you will learn to handle these situations more effectively as your skills develop and your confidence grows. Reassure the person in distress that everything is going to be all right. Aggressive incidents are generally over in a relatively short time.

The majority of people do not present a risk to anyone, but there are always exceptions. It is important that you are prepared to deal with these rare instances in a professional manner.

Negotiating is a good tactic that is used to control aggressive behaviour. Negotiation allows you to make decisions and manage the conflict.

Guidelines to help divert aggressive behaviour:

- ▶ Identify a safe place for negotiation.
- ▶ Clarify what the conflict is about.
- ▶ Be prepared to listen to the person.
- ▶ Assert your needs clearly.
- ▶ Have a flexible approach to problem-solving.
- ▶ Negotiate calmly, respectfully and patiently.
- ▶ Reach an agreement that works for both parties.

## After an incident

After an incident or the successful defusing of a potential incident, it is vital to make a full incident report according to your workplace's policies and procedures. This typically involves making a written report, as well as speaking to your supervisor immediately after the incident.

Reporting the incident fulfils your WHS requirements and allows your workplace's WHS reviewing procedures to investigate the incident and determine whether changes could be made to prevent a similar incident occurring, or whether different response mechanisms or procedures are required in the case of a similar incident.

Importantly, you also need to report the incident in the individual's recovery plan and follow through to determine if the person requires additional supports or assistance.

### Example

#### Respond promptly to de-escalate potential incidents or risks and promote safety

Adam regularly attends a drop-in centre for young people with mental health needs, and accesses recreational, social and job-seeking support. His behaviour is usually friendly and he hasn't shown any aggressive behaviour in the three years he has used the service.

Today when Adam arrives at the centre, he is in a highly agitated state. He is yelling and swearing at his friend Khalid, accusing him of stealing money. Some of the other service users look fearful.

Before the mental health worker intervenes, she calls her supervisor to assist. The worker tries the following strategies to defuse the conflict:

- ▶ She remains calm and speaks in a reassuring voice.
- ▶ She uses Adam's name to get his attention and asks him to stop.
- ▶ She tells Adam that when he calms down they can discuss what is upsetting him, and that his aggressive behaviour is frightening people and will not be tolerated at the centre.
- ▶ She is aware that Adam may hit out and is prepared to move quickly to avoid being hit.
- ▶ She assesses the situation to see if outside assistance from the police or other service is required.
- ▶ She reports and documents the situation once the situation is dealt with and everyone has calmed down.



## Practice task 33

1. What are two ways that you can respond promptly to de-escalate potential incidents or risks and promote safety?

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2. What are two strategies that you can use to de-escalate incidents of risk?

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3. Name one way that WHS obligations affect your role.

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**Click to complete Practice task 33**

## Summary

1. Support the person to identify any challenges they face in their recovery and to solve any problems to meet the challenge in the short-term. Based on this experience, make any appropriate changes to the person's recovery plan to reduce the likelihood of recurrence.
2. Expressing empathy, being actively supportive and inspiring people to have hope in their recovery profoundly affects consumers' lives. Promote self-esteem and confidence to meet challenges and use normalising statements to reassure people that they are not alone.
3. People in distress or crisis need prompt, positive and practical supports including making referrals when they require assistance outside of your job role. Make sure that you understand your workplace's policies and procedures for crisis intervention and for mandatory reporting.
4. Promote safety by participating in all WHS activities including reporting risks and incidents. Use negotiating techniques to defuse aggression and de-escalate potential incidents, whenever possible. Being prepared about what to do in emergencies is vital to ensure everyone's safety.

# Learning checkpoint 5

## Support the person during challenges

This learning checkpoint allows you to review your skills and knowledge in supporting a person during challenges.

1. What is one reason why workers need to support people to respond proactively to potential obstacles, challenges and barriers that arise, including working with the person to identify ways to proceed and to reduce the likelihood of occurrence?

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2. What are three ways that a worker can maintain an empathetic, supportive and hope-inspiring approach as challenges occur?

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3. What are two appropriate ways to respond to a person in distress or crisis?

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4. How can you promote safety in the case of potential incidents or risks?

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5. What are three strategies that workers can use to support a person in distress or crisis?

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6. What are three legal and ethical considerations for mental health organisations and workers for supporting people in distress or crisis and to promote safety?

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7. What are two strategies that workers can use to de-escalate incidents of risk?

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8. What are two reasons why workers use normalising statements with people facing challenges in their recovery?

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## Topic 6

In this topic you will learn how to:

- 6A Review recovery plan regularly with person to ensure continued relevance and effectiveness**
- 6B Gather feedback from person at key milestones about progress in implementing recovery plan**
- 6C Identify new directions and areas for change in the recovery plan and amend plans and transition strategies**
- 6D Continue implementation and review cycle until outcomes are achieved and no further support is required**
- 6E Gather and respond to feedback from the person on service and support provided**
- 6F Reflect on and identify opportunities for enhancing empowerment and improving processes**

## Collaboratively review the effectiveness of the plan and support provided

Each person's recovery journey is unique. Changes and adjustments to their recovery plan are required to reflect the person's changing circumstances, goals and needs. In fact, changing goals and needs often reflects a desired outcome: that the person is meeting their recovery goals and may no longer require support.

This topic explores the process of collaboratively reviewing the effectiveness of a person's plan and the support they are provided, with the ultimate goal of the person regaining full independence from the service, where appropriate.

# 6A Review recovery plan regularly with person to ensure continued relevance and effectiveness

To continue to provide people with person-centred services, workers need to regularly review their recovery plan in collaboration with the person to ensure that it remains relevant and is effectively supporting the person's recovery goals. Every collaborative relationship, including the recovery alliance between people with support needs, workers and others included in the person's recovery, need to be maintained and reviewed to ensure that the person is being effectively supported.



Undertaking regular reviewing procedures in collaboration with the person upholds local and international best-practice frameworks, which see reviewing as a fundamental aspect of best-practice service delivery. There are many mental health outcome assessment tools that you should individualise to the person's needs and use according to your workplace's policies and procedures.

Monitoring and reviewing care forms part of statutory requirements in some sectors. For example, the Quality of Care Principles 2014 and National Standards for Disability Service all make it clear that consumers have the right to receive care that is appropriate to their needs. It is the provider's obligation to make sure that this is happening. People working in organisations in other sectors also have obligations to check that what consumers receive reflects the strategies agreed upon.

## Relevance of services

Reviewing and adapting service delivery to meet a person's specific needs and requirements is an integral part of all recovery-oriented practices. Recovery plans must be dynamic, flexible and able to be modified to reflect changes in the person's circumstances. Circumstances can change in a number of ways that can impact on a person's mental health and their care and support needs. Here is a summary of some of the types of changes a person might experience.

### Mental health

- ▶ As a person makes progress to improve their mental health, 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

- ▶ People with alcohol and drug dependencies may experience a relapse. Other people may turn to drugs and alcohol for the first time in an attempt to deal with the diagnosis and symptoms of their mental health needs.

### **Moving accommodation**

- ▶ Moving house is challenging for most people but the challenges can be greater for people with mental health needs; their support network may change and they might need to access alternative services.

### **Living arrangements**

- ▶ The person they live with may divorce them, move out or pass away, reducing the amount of support they have in their home. Alternatively, they may move in with another person, decreasing the support they need from others. Relationships at home can have a significant impact on a person's mental health, positive or negative.

### **Financial**

- ▶ The value of the person's superannuation may decrease, their partner may stop working or they may no longer be eligible for government financial support. Conversely, they may inherit money, receive a superannuation payment or other lump sum, or ongoing payments.

## **Changes needed in service delivery**

Decisions made about changes to the service delivery and how to implement them should be made in discussion with the person with mental health needs, and in collaboration with service supervisors, other support workers and others in the care network as required.

Scheduling regular reviews of the person's plan, services and the people in the person's recovery alliance ensures that their recovery plan will be flexible enough to adapt to people's changing needs. Consumer feedback should always be acted upon, but should not be relied upon to identify changes that may need to be made. Many people will not inform you about service changes that they need in a timely manner.

Variations to service delivery may include:

- ▶ changes in the person's life or circumstances
- ▶ amending or replacing recovery goals
- ▶ ceasing a strategy or service
- ▶ implementing a new strategy or service
- ▶ changing external service providers
- ▶ depleted or increased resources
- ▶ changes in the person's recovery alliance; for example, changes in participation by family members.

## Review collaboratively

Each person with support needs is the expert in their own life. When reviewing and measuring the effectiveness of the supports in place to meet their needs, the person is your primary point of consultation. Regularly consult with the person about their experiences and ideas about improving their supports. Preferably, a formal reviewing procedure should be scheduled regularly, although other strategies may be needed for the person's individual case.



Families, carers, experts and other colleagues also should be given the opportunity to contribute their suggestions. At times, different stakeholders may leave or join the person's recovery services, or change roles. Make sure that the person consents to all stakeholders' participation and changes.

## Collaborative reviewing strategies

Here are some of the collaborative reviewing strategies that you can utilise to ensure the continuing relevance and effectiveness of the person's plan and recovery alliance.

### Review case notes

Case notes can help you identify whether the recovery plan process is working. Good case notes can reveal day-to-day issues such as growing dissatisfaction with service providers. Absences, or missed appointments can also point to consumer dissatisfaction.

### Discuss with person

Usually, people will report any concerns, providing you give them the opportunity. Give them time to speak. Ask open questions ( for example, 'What would you like improved?') rather than closed ( for example, 'Are you happy with the services you're receiving?'). These discussions will usually be informal.

### Discuss with care network

Family members and/or carers who participate in the recovery process may have frustrations about the services provided to the person or the person's progress. As they are outside the system, they are not always aware of who to speak to or how to raise their concerns. They will generally be pleased to discuss any issues or concerns, providing you give them the chance. These discussions can be informal.

### Health care professionals

Providing you have informed written consent, ask other workers and healthcare professionals about whether the person is engaging with the services or supports.

### Observation

Take time to get to know the person within the scope of your practice and job role boundaries. Do they seem to be getting better, are they getting worse or are they staying the same?

### Formal assessments

Use formal assessments from other healthcare professionals to assess whether the support measures are helping the consumer to achieve their goals.

### Surveys

A survey is a set of written questions used to invite feedback about all aspects of service provision. Not only can the results of surveys be used to help individual people, but they can also be used to make changes across the board for the benefit of all who attend the service.

## Review and measure effectiveness

To determine whether a person's supports are effective, you need to establish and plan ways to review and measure progress. Here are some examples of factors that every service response must include.

### Key elements of every service response

#### A clear outcome

What is the desired outcome of the response?

#### A timeframe

What is a reasonable timeframe in which to achieve this outcome?

#### A form of measurement

How can you measure if the outcome has been achieved, or if progress is occurring?

#### A reviewing procedure

When, where, how and by whom is the service response reviewed?

## Mental health outcomes

Effectiveness measurement elements must be built into service provision and properly documented so that progress can be recorded and problems can be identified and corrected. Your workplace may have specific tools for assessing outcomes, which should be individualised to the person's specific circumstances and needs. Often, a suite of assessment tools to measure mental health outcomes are used to provide a thorough assessment, according to best-practice frameworks.



For example, a clear outcome might be finding a part-time job for the person, and the timeframe may be three months. You can measure the outcome by the number of job interviews the person has attended and their success in getting a job. You can review the process weekly to see if the person needs more training or access assistance.

All outcomes, reviews and measurements need to be fully documented so that that required changes can be made.

You can learn more about measuring outcomes for people with mental health needs at the following site:

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

## Review criteria

As part of the review process there should be formal agreement on who is responsible for monitoring, what areas to monitor and evaluate, and how often monitoring should occur.

Consider the following four areas. Note that different organisations may include additional criteria.

### Goals

The goals of the recovery plan should reflect the consumer's needs and preferences. Check to see whether the goals set were realistic; that is, the consumer has found them challenging but attainable. Unfortunately, some goals may turn out to be unrealistic. If unrealistic goals are not changed the consumer will eventually lose motivation. The goals may have been realistic when they were established, but things may have changed; for example, the consumer's condition may have worsened or other issues may have arisen. In these instances goals should be reworked so that they challenge and extend the consumer but are not set so high that the consumer can never reach them.

### Relevancy of services

There may be a poor match between the consumer's goals and the services and support offered. Alternatively, the service or support may not have been delivered effectively.

### Consumer satisfaction

Identify the extent to which the consumer is satisfied with the services provided. Always probe to find out the reasons why they are satisfied (for example, cost was appropriate, the providers' staff were easy to get on with) or dissatisfied (for example, it was difficult to get to the service, the consumer didn't feel they received an appropriate level of support or didn't see the relevance of the services and support offered). Use interviews, meetings, surveys and third-party reports to identify the causes of satisfaction and dissatisfaction.

### Stakeholder satisfaction

Recovery-oriented practice is generally a team process. As such, stakeholder satisfaction is important. Check that:

- ▶ all parties are aware of their responsibilities
- ▶ there are good lines of communication between the parties
- ▶ all parties feel that they have been provided with an appropriate level of support.

**Example**

**Review recovery plan regularly with person to ensure continued relevance and effectiveness**

Frank has scheduled a formal, regular reviewing procedure for Amanda’s recovery plan, which is due to be performed in a month. However, he has just heard from Amanda’s carer that she has missed several appointments with one specific service provider. She is not otherwise unwell or experiencing any other difficulty. Frank decides to begin the reviewing procedure early, as this indicates that Amanda may need her services adapted or changed to better meet her needs.



Frank organises a meeting with Amanda and her carer to collaborate and discover if there is a problem with her services and to identify any changes that need to be made.

## Practice task 34

1. What are two factors involved in local and international best-practice frameworks for reviewing a person’s recovery plan?

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2. What are two strategies that you can use to review person’s recovery plan?

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3. What is one reason why you need to regularly review the person’s recovery alliance?

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**Click to complete Practice task 34**

# 6B Gather feedback from person at key milestones about progress in implementing recovery plan

Feedback from the person with support needs is a key element needed to effectively review and adapt their recovery plan. The first step in identifying what is not working and any alternative strategies is to clarify the reason for dissatisfaction with the existing services. If you make changes to a case management plan without considering the underlying reason or reasons why changes are necessary, you risk creating a plan that is still unworkable. The person's feedback is vital to establishing what is not working and why.



Detailed, timely, honest feedback from the person about their experience implementing their plan needs to be sought and gained at key milestones during implementation of services so that the recovery plan can be adapted promptly.

## Gather feedback about progress in implementing recovery plan

A common mistake workers make is focusing on the task of finding out information without considering the consumer's thoughts and feelings. Keep the person with care needs at the centre of your work, reviewing their recovery plan by seeking, gathering and using their feedback to improve their service delivery and adapt their recovery plan.

Do not wait for the person to tell you that they are having difficulties. You need to be proactive in gathering feedback as some people may not be able to clearly identify what is not working for them or why and others will need encouragement to speak openly about their lack of progress.

Here are some common considerations involved in gathering feedback from people about their progress.

### Considerations in gathering feedback from people



#### Allow time

Provide enough time for any interviews so that the person is able to guide the conversations.

Ask one question at a time. Give the person time to reply. If they feel hurried, they may not reveal all of the issues that concern them.



#### Meet their needs

Make sure that the person's language, cultural, communication and access needs are met.



**Use open questions**

Use open-ended and closed questions as appropriate. Open-ended questions normally begin with the words ‘what’, ‘where’, ‘which’, ‘why’ or ‘how’. Examples of appropriate open-ended questions include the following:

- ▶ Which services are helping you to achieve these goals?
- ▶ What could we do differently to improve the services you are using?
- ▶ What do you like about the services you are currently using?
- ▶ Who is currently providing you with the most help?



**Be clear and concise**

Avoid using double-barrelled questions such as, ‘What services are you unhappy with and why are you are unhappy with these services?’ Consumers may not be able to retain all of the information and may become confused.

Speak clearly and concisely and ensure that people can participate fully.



**Inform the person**

Explain to the person why you are asking for the information. They may think that you are being nosy or may be worried that if they complain about any aspect of service provision they may be denied services and support.

Use statements such as, ‘We want to help you achieve your goals’, ‘We need to make sure that you are getting the right type of support and the right level of support’ and ‘Your feedback will help me do my job, which is to help you’.



**Gain specifics**

Ask probing questions when appropriate to find out more information; for example, ‘You said you used to enjoy the weekly sing-along at the community centre but that it’s not fun anymore. What changed?’ This type of question has a dual purpose. It shows the consumer that you are listening, and it helps you work towards your goal of finding out about any aspects of their recovery plan that need to be changed.



**Don’t interrupt**

It can be tempting to fill in any gaps in conversation with more questions. This can be counterproductive. A consumer may be silent for a time to reflect on your question and think about their response. Interruptions can disrupt this process. Allowing well-timed pauses can encourage the consumer to speak.



**Follow up**

Make sure that the person’s feedback is documented and used appropriately. Follow up with the person to see if they have any further feedback or use multiple formats (for example, in person and by email). Allow multiple points for gathering feedback so that the person can think about it and get back to you, if they need to.

## Key milestones

To ensure a truly collaborative process, consumer input needs to be gained before, during and after implementing their plan.

A process and timeline regarding consumer feedback is usually built into the recovery plan to ensure that feedback is sought regularly and utilised in way that improves the person's services. Often, feedback is sought at significant points in the plan where progress or lack of progress can be observed.

Determining the key milestones of a person's plan should be performed during development and adapted as necessary. The specific key milestones chosen to use as markers for progress and as key points to obtain consumer feedback will vary, depending on individual needs and circumstances.

### Common key milestones

- ▶ The end of development/beginning of implementing the plan
- ▶ Regularly scheduled points during implementation (for example, fortnightly or monthly)
- ▶ When a performance outcome has been achieved (for example, when the person has attended a particular service a specific number of times)
- ▶ When a recovery goal has been achieved
- ▶ When a member of the care network starts/ends their participation
- ▶ When all recovery goals have been reached

### Example

#### Gather feedback from person at key milestones about progress in implementing recovery plan

Max has scheduled a catch-up meeting with Anya, an older woman who has only recently been diagnosed with mental health needs. Anya is very shy and quiet.

'Hi Anya, it's lovely to see you again. How are you doing today?' Max asks.

'Oh, I'm fine, dear. It's so nice of you to ask.'

Max continues. 'That's good. It's been a couple of weeks now since you started going to the support group, and I just wanted to check how it was going. Do you find it helpful to talk to other people with similar experiences?'

'Oh, I just listen.'

'Okay. Listening to other people is important, but it should be a place where you feel comfortable to talk, too.'

Anya starts looking a little uncomfortable. 'They're all very nice, really. But there are a lot of people there.'

'Do you find it hard to talk in front of lots of people, Anya?'

She smiles. 'Well, to be honest, I can't hear myself think with so many people talking. But I didn't want to complain; you've done so much hard work to help me.'

'That's my job, Anya. And it's my job to make sure that you get services that you need. Perhaps a smaller group would be better?'

Anya looks hesitant, but eventually nods. 'Actually, I'd like that very much.'



# Practice task 35

1. Name two reasons why workers need to be proactive in gathering feedback from people about their progress in implementing their recovery plan.

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2. What is one reason why key milestones may be used as points for gathering feedback from a person?

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3. What are three common key milestones that could be used as points to gather feedback from the person?

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**Click to complete Practice task 35**

# 6C Identify new directions and areas for change in the recovery plan and amend plans and transition strategies

Once you have established that an aspect of the person's recovery plan is not working or not meeting their needs or recovery goals, you are in a position to discuss new directions and areas for change with the consumer.

Any changes or amendments to the person's recovery plan should be carefully monitored and transition strategies amended to ensure that people receive the support they need to navigate the changes in their services. At all times, offer the person choices and options and work with them to ensure that their recovery goals are at the centre of all service delivery.



## The need for change

Each individual's needs and preferences guide the service responses that you provide. Clearly, all supports need to be adapted to meet the person's needs, which change over time. Additionally, you need to accommodate each person's preferences (as far as possible) in your service responses. Preferences over time, date, location, family and/or carer participation, activities and preferred staff may all be considered. This upholds the person's rights and demonstrates your respect in their ability to make choices.

Recovery plans must be adjusted as soon as possible to improve outcomes for consumers and to prevent further complications. Procedures for adapting recovery plans may change between organisations. It is important to consult with the consumer, their advocate and their family to find out about their preferences.

It is equally important to seek advice from relevant healthcare professionals to find out about best practice for treating any medical conditions, to investigate and avoid possible adverse effects, to find additional services if required and to identify new goals. Remember it is the consumer's right to refuse the service.

While most often, minor adjustments and changes are needed to a person's recovery plan, feedback from the person may sometimes indicate that a recovery plan is simply not working.

## Reasons for adjusting a plan

There are a number of possible reasons why a recovery plan is not working and it needs adjustment.

The service and support strategies may be:

- ▶ incomplete, meaning that the plan is not comprehensive or challenging and there are gaps in service delivery

- ▶ too complex, meaning that the plan is unworkable and the goals unattainable
- ▶ irrelevant to the consumer's needs and preferences
- ▶ too costly
- ▶ presenting logistical difficulties with transport or timing
- ▶ presenting other problems; for example, the consumer may have a poor relationship with service provider staff or find activities culturally inappropriate.

## How to identify areas of improvement

No service response is perfect; you can always make changes to better meet an individual's needs or to reflect changing needs. Regularly reviewing and measuring whether outcomes are being reached helps you identify areas of improvement. If a proposed outcome has not been achieved within a set timeframe, this clearly identifies that the service response has one or more areas that need improvement. Feedback is also vital for identifying areas of improvement.



You can also identify areas of improvement by keeping up to date with the changes in the programs and services that are available to empower people with care needs. It is important that you understand what these programs are, why they are provided, what they do and who they are for. Programs change and funding is sometimes redirected by governments. Keeping current with what service systems can provide forms part of your regular professional activities.

## Levels of change

A person's recovery plan can be amended or adjusted at various levels according to need. Typically, smaller changes are trialled first to determine if they create improvements in the person's outcomes, as this creates less disruption for the person. More substantial levels of change may incur financial costs, take more time and require more resources. Providing people with services appropriate to their needs efficiently and promptly should be your goal. Here are service changes that may be appropriate for an individual's recovery goals.

### General level of support

The recovery plan may be good, but may not provide enough support. The existing plan should be expanded to include new services and supports, or to provide existing services and supports on a more frequent basis.

If an increase in support is required, check that funding is available. Decreasing the level of support the consumer receives is sometimes appropriate, but take care when decreasing support as certain funding models will require a certain number of contacts. Consumers may need to transfer to a different care package.

### Change agency or personnel

Use different agencies and personnel to provide the supports already included on the case management plan. If the consumer is unhappy with the type of service provider, you should seek an alternative that offers similar services. If the service is appropriate but the consumer does not like the service provider, then it is appropriate to find another organisation that offers the same service.

### Increase support within agency

Retain the same agencies and personnel and the same services, but incorporate more supports to make it easier for the consumer to access the services and supports. The consumer may need help getting to and from the agency, using the facilities or paying for the services.

### Consider impact of unmet needs

Include supports to meet unmet needs that are impacting on the effectiveness of other aspects of service delivery. For example, a consumer who is receiving vocational support may not be able to benefit from the support if they have unmet mental health needs. Incorporating other measures such as therapy and medical support will allow the consumer to participate more fully in vocation support services such as training and job search activities.

### Rework entire plan

Rework the entire case management plan to include new support personnel and new support activities. This strategy would usually be used in instances where there have been significant changes in the consumer's needs or condition.

## Amend a recovery plan

There are many different ways that a recovery plan can be amended. Amendments can be small, or the entire recovery plan may need to be rewritten.

People who have responsibilities within the plan may not be meeting these responsibilities. If this is likely to continue, discuss with the consumer whether these responsibilities can be delegated to others.

Always be open to the possibility that the problem may not be the actions and activities in the recovery plan, but rather how the recovery plan has been written.

If the document is unclear or difficult to read it will be hard for people to follow the instructions. Work to make the document more accessible. If it is not, stakeholders will not be able to refer to it to clarify their responsibilities.

When amending a plan that hasn't worked, be sure to include more intervention points and reviews to ensure that any difficulties are identified as promptly as possible.



## Amendments and modifications

In many cases, changes to a person's support services take the form of modifications to existing strategies to meet changing service requirements, or the person's changing needs or preferences. When an area of improvement has been identified, individualised modifications to services can often result in better outcomes for the individual.

Modifications can be physical, in terms of concrete resources (modifications to aids and equipment), financial (changing funding availability), changing services (if workplace changes make former supports unavailable, you will need to refer the person on), or planning-related (if a support strategy is not helping the person meet their goals, modifications to the strategy need to be made).

Programs, services, funding and best-practice standards are always changing and improving, and you need to keep up to date to ensure that you can modify aspects of service delivery so that people receive the best possible support services. As always, all changes must be appropriately documented and recorded.

## Reflect on services

Even when services are assisting people to reach their goals, you can collaborate with the person to modify them to reach new goals. Here are examples of the self-reflection questions that can be used in assessing whether a service can and should be modified.

### Self-reflection questions for modifying services



#### Applicability

Is this service meeting the person's needs, reflecting their preferences and helping them reach their goals? Can we modify any aspect of the service to provide more individualised supports?



#### Viability

Is this service making the most of the funding and resources available? Can we modify any aspect to increase efficiency?



#### Flexibility

How often is this service being reviewed? How often is the person being consulted? How can we make service delivery more flexible to suit the person's changing needs?



#### Person-centred

Does this service empower the person, uphold their rights and focus on their strengths? Does it reflect best-practice standards? What are the long-term effects of this service? Can we modify it to better empower the person?

## Basic process for making amendments

Different organisations will have different procedures for changing an individual recovery plan.

Process for amending a person's recovery plan:

- ▶ Seek feedback from the consumer.
- ▶ Research alternatives.
- ▶ Brainstorm alternatives with the consumer.
- ▶ Complete a draft of the changes.
- ▶ Discuss the draft with consumer and relevant stakeholders
- ▶ Formalise the new recovery plan.
- ▶ Implement the new recovery plan.
- ▶ Monitor and review the new recovery plan.
- ▶ Make further adjustments if required.

## Transition strategies

If the changes to a person's recovery plan are significant or if the person requires additional support, create a transition strategy to ensure that they receive an appropriate level of care while changes to their plan are being made. A transition strategy is a procedure to follow to ensure as little disruption to the person as possible.

Your workplace will have a set of policies and procedures to follow when making any changes to a person's recovery plan, including using transition strategies. Follow these at all times and ensure to keep the person's health, wellbeing and recovery goals at the forefront of your transition planning.

To create a person-centred transition strategy, ask yourself the following questions.

### Questions to ask when preparing a person-centred transition strategy

- ▶ Is the person being fully supported during the transition of services? Are there any gaps in services as one ends and another begins?
- ▶ Is there any risk to the person in making the transition? How can this risk be assessed and minimised?
- ▶ Is the person fully informed about their role, responsibilities and requirements for the transition?
- ▶ Are all relevant stakeholders fully informed about their role, responsibilities and requirements for the transition?
- ▶ Is the transition to the new recovery plan fully funded and documented? Is it compliant with all relevant legislation and codes of practice?
- ▶ Is the transition being appropriately monitored to ensure that the person is comfortable with the changes?
- ▶ Is the transition being appropriately monitored to ensure that the changes are implemented efficiently and fully?

▶ Do the consumer, the care network and any other stakeholders have my contact details to make enquiries and to ask for support?

▶ Are there any further supports that the person, the care network or other stakeholders need to ensure minimal disruption during the transition?

**Example**

**Identify new directions and areas for change in the recovery plan and amend plans and transition strategies**

Wendy is a home care nurse. She is working with a consumer, George, who is rurally located. Initially, case management involved visiting George at home to assist with his medical needs. During one visit she notices that the house is not as well maintained as it was previously. George’s wife Ruth apologises profusely for the condition of the house.



She says, ‘I’m so sorry about the state of the house. I have been worried about the farm. We’ve had to shear early this year and I’ve been left responsible for cooking for the shearers. I used to be able to do it, but now I’m exhausted.

Wendy empathises with Ruth, reflecting on her own responsibilities. Wendy asks Ruth whether she would be interested in receiving some home help to get things back under control. Ruth says that she would really appreciate it.

Wendy and Ruth fill out a consent-to-release-information form and Wendy makes a referral to the home support services offered by the council. George’s case management plan is extended to include 90 minutes of cleaning per week.

## Practice task 36

1. What are two indications of the need for new directions or areas for change in the person’s recovery plan?

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2. What are two key considerations when amending a person’s recovery plan?

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3. What are two key aspects of a transition strategy?

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**Click to complete Practice task 36**

# 6D Continue implementation and review cycle until outcomes are achieved and no further support is required

The process of reviewing the person's recovery plan, making adjustments and then reviewing them again as their needs change is the normal procedure in recovery-oriented practice. To support the person's individual needs, workers use a version of the quality framework cycle as a model to represent the process of fine-tuning, reviewing and implementing the person's individual recovery plan. This is a process that continues until the consumer's outcomes are achieved and they no longer require support, when that is an appropriate outcome for the individual.



## The quality framework cycle

A quality framework cycle can be represented in many ways, including the plan–do–check–act (PDCA) cycle. There are four stages that revolve around a central point. In the quality framework cycle, it may be a system, a policy, or a service delivery in the centre that is being improved. You can use this model to ensure that the supports you provide people are continuously improved and foster their individual and changing recovery goals. The person's feedback on their supports and their collaboration are vital in this cycle.

Here is some information about this common system for continuous improvement.

### PDCA cycle

<b>Plan</b>	<b>Do</b>
The first step in the cycle is to plan. This involves examining the present system and determining what needs changing and why. You need to examine what you expect to happen, if it is changed and whether it will improve the system.	After you have a plan, you then implement it. You may decide to test the plan or pilot the plan first.
<b>Check</b>	<b>Act</b>
The next step is to check the new system. Is it working as you expected? Did it have a good or a bad effect? If it is not working, you may need to go back to the plan stage and start again until you get it right.	If all is working well, you act, which means fully implementing the changed system.

## Ensure compliance

Any changes to the person's recovery plan must be properly checked for compliance and documented appropriately. Documentation is vital to monitor progress and to be able to assess whether the person is receiving appropriate supports.

When the consumer and/or their advocate are happy with the new arrangements and have chosen an option to proceed with, the details must be recorded according to the organisation's procedures. Like all inclusions in the individual's recovery plan, the expected outcomes and responsibilities must be clearly documented and communicated to all people responsible for implementing and monitoring the plan.

All service changes need to be made within the framework set by your workplace's policies and procedures. In turn, these policies and procedures should be informed by legislative and regulatory requirements, as well as best-practice standards. Don't just rely on your workplace's documentation; make sure that you're familiar with all the relevant legislation and regulation, as well as the best practice standards set in the industry.

All changes need to be assessed against these requirements and standards, which involves being fully familiar with them and constantly reviewing, monitoring and self-reflecting. When a service change meets all requirements, it is described as being compliant.

## Make referrals

Often, the review cycle highlights the need to access additional services. Mental health workers may need to refer a person to another service to assist their recovery process further. Referrals may involve services that are provided internally by another department, or by external agencies. All referrals are based on the information that workers have available to them at the time. Changes to the person's circumstances mean changes to their current services and referrals.

There are usually alternative referral options available and workers can support the person to access other services. This may not always be possible, especially in rural and remote locations where there are limited services available. In this case, workers may be required to advocate for the person to address any issues affecting their access to their current service.

Workers should always ensure that they provide considered and appropriate referrals for anyone with whom they work. It is also important to involve the individual in choosing the services and make sure that they have given their consent to the referral. Provide the person with information about a range of service options and discuss their needs with them to help them choose the option that suits them best.

## Referral considerations

Here are some considerations to keep in mind when making referrals.

### Considerations when making referrals

- ▶ How well does the service match the person's needs?
- ▶ What are the person's wishes?

- ▶ How far do they have to travel, and is suitable transport is available?
- ▶ What are the costs involved?
- ▶ What are the eligibility requirements?
- ▶ What are the privacy, confidentiality and disclosure requirements?
- ▶ How long are the waiting periods?

## Referral procedures

Each organisation has specific procedures for making referrals and workers should make sure that they follow these at all times. Keep a current list or database of services and health professionals that you can use for referrals.

Here are the basic steps involved in the referral process.

### Referral process

- 1 Evaluate**  
 Evaluate the person's needs and discuss the possibility of a referral with them to a service that can help them with private concerns.
- 2 Provide information**  
 Provide information about appropriate referral sources and explore options with the person.
- 3 Decision-making**  
 Help them make a decision about the service that best meets their needs. This may also involve including family and/or carers in the discussion.
- 4 Make contact**  
 Make contact with the chosen organisation to check eligibility requirements and whether they have vacancies in their service. Discuss the individual's needs and expectations of service delivery. Make sure the consumer has signed a release of information form.
- 5 Document**  
 Document information according to your organisation's policies and procedures.
- 6 Follow up**  
 Follow up with the person and the referral agency after the first few appointments to check that all is going well for the individual and for the service provider.

## Ending support services

A person's recovery-oriented services may be short-term or last for a number of years. They can end for a variety of reasons. The tasks involved in completing the support process form an activity called case closure.

A person's case can be closed because:

- ▶ the consumer no longer wants the service

- ▶ the consumer no longer needs the service
- ▶ all goals in the recovery plan have been achieved and no new needs have arisen
- ▶ there are other agencies that can better coordinate the consumer's needs
- ▶ the consumer's condition has worsened so they need a service that can provide higher-level support (for example, an older person may move to an aged care home)
- ▶ the timeframe for service delivery has ended (some services are only provided for a limited period)
- ▶ the consumer is no longer eligible for the services (for example, an agency or program may only provide services for people aged eighteen and under and a consumer turns nineteen)
- ▶ the consumer passes away.

## Case closure processes

You should always take great care when closing a case. People with complex needs may have experienced being let down in the past. You may have worked with them over a period of time to help them develop the level of trust needed to fully participate in their recovery plan. You must be careful not to leave the person with feelings of abandonment.

Ending a person's recovery planning should be performed in close collaboration with the person, their care network and other stakeholders. It is your job to help the person to transition from the service, whether the transition is to another service or whether the consumer will no longer participate in any form of support services.

Here are the preferred four steps to follow when assisting a person to transition from your service.

### Step 1

- ▶ Start by forewarning the consumer about the upcoming planned case closure. When the consumer has a guardian or a carer, involve them in the case closure process. Where possible, the decision to transition from the service should be made in collaboration with the person.

### Step 2

- ▶ Make sure the consumer is sufficiently resourced, that they have other links and contacts that they can use when you are no longer their support worker and in case of emergencies. A transition strategy can be used to oversee the process.

### Step 3

- ▶ In some circumstances, it can be appropriate to let the consumer know that they can contact you at work if they need help or wish to resume the recovery planning process. Never make promises that you cannot keep.

### Step 4

- ▶ Always follow your organisation's policy and procedures for case closure. These will detail your responsibilities and those of the agency and the consumer, and the procedures for documenting and storing the person's records to maintain their privacy and confidentiality.

## Celebrate success

When a person has achieved their outcomes and recovery goals and is transitioning from your service, make sure to acknowledge their success. This is often a big step in a person’s recovery, which may involve some concerns, fears and excitement. Support the person through the process by using a transition strategy (if required) and make sure to celebrate their achievement. Meeting any recovery goal is a significant achievement and your open acknowledgement of their success supports the person’s empowerment and continued self-efficacy.



**Example**

**Continue implementation and review cycle until outcomes are achieved and no further support is required**

Here is an example of a workplace’s case closure policy and procedure.

**Westbank Mental Health Services  
Closure policy and procedure**

Applies to:	All case managers and people involved in direct consumer contact
Policy:	Westbank Mental Health Services acknowledges the importance of effective case closure in facilitating consumer wellbeing. Westbank Mental Health Services is committed to supporting consumers as they make the transition into other forms of care, or from care in a manner that promotes consumer autonomy and wellbeing.
Procedure:	<p>Establish that case closure is appropriate by reviewing records and communicating with all stakeholders.</p> <p>Review the consumer’s recovery plan, make sure that all goals have been achieved and record the steps taken to clarify outcomes.</p> <p>Arrange a meeting with the consumer and other relevant stakeholders to discuss case closure.</p> <p>Provide written confirmation of the meeting and the reasons for closure.</p> <p>Conduct the exit interview, where the following topics should be discussed if relevant to the individual consumer:</p> <ul style="list-style-type: none"> <li>▶ The consumer’s accomplishments and successes</li> <li>▶ Services and programs that the consumer will continue to access</li> <li>▶ Referral options</li> <li>▶ Processes for reconnecting with Westbank Mental Health Services if necessary</li> <li>▶ Permission to pass the consumer’s files onto relevant agencies</li> </ul> <p>Arrange for the safe and secure transmission of consumer records to relevant agencies.</p> <p>Complete and file the consumer’s recovery plan closure records.</p>

# Practice task 37

1. What is one name for the cycle used to represent how a person’s recovery plan is reviewed, adjusted and implemented?

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2. Name two circumstances when it may be appropriate to end a person’s support services.

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3. What are two considerations involved in the case closure process?

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**Click to complete Practice task 37**

# 6E Gather and respond to feedback from the person on service and support provided

Feedback from the person with mental health needs is vital to ensure the relevancy and effectiveness of their recovery plan and supports. While gathering and responding to each person's feedback is built into the implementation and review cycle, care should be taken to gather feedback from any person who is transitioning from your service for any reason. This feedback is a vital resource needed to improve your own and your workplace's service delivery.



Gathering and responding to people's feedback demonstrates your respect for their collaboration and for their valuable insights, as well as allowing them to contribute to improving services for people in the future.

## Continuous improvement

Every workplace has a commitment to continuous improvement. This stems from a recognition that all policies, procedures and work practices can and should be improved over time. To ensure that best-practice standards are applied to all aspects of your recovery-oriented work practices, you need to comply with all aspects of your workplace's quality framework. Additionally, you can follow personal work practices that contribute to ensuring the best possible service delivery practices.

Your workplace will have a quality system in place to monitor and review all policies, procedures and work practices, which you must follow at all times. For instance, all recovery planning services provided to people with care needs must be regularly reviewed and assessed. According to your workplace and the individual case, this may occur monthly and involve yourself and your supervisor, using a strict set of reviewing documentation that records the procedure.

## Contribute to quality improvement



Contribute to this quality system and ensure that any improvements or changes that are flagged are actioned as soon as possible. In practice, this means ensuring that you keep up to date with your workplace's quality framework cycle, implementing its results and further contributing to improvements by offering feedback into the cycle. Changes to all aspects of service delivery may occur from this process, which you can contribute to by advocating for your consumers and their needs in all improvement procedures.

Feedback from the person themselves is a vital component in your own and your workplace's continuous improvement cycle.

## Gather feedback from the person

As a person is transitioning from the service, make sure to gather feedback about their satisfaction with the service and on the supports provided. Your workplace may have a specific form to use or procedure to follow to gain this feedback, including specific outcomes or questions to ask to obtain specific information. For example, if a person is transitioning from a service because the service has not met his or her needs, specific information needs to be captured to determine why this occurred.

Follow the same procedure for gathering feedback as you do in all your work activities, summarised below.

### Procedures to follow when gathering feedback

- ▶ Ensure the person's communication, access, language and cultural needs are met.
- ▶ Use good communication skills.
- ▶ Ask appropriate questions.
- ▶ Provide several occasions or formats to provide information; an anonymous option may be relevant for people exiting a service, as this may support people's frankness.
- ▶ Explain why their feedback is important and how it will be used.
- ▶ Respect the person's opinions and choice to participate or not.
- ▶ Maintain people's privacy and confidentiality and only use any information they provide with their consent.
- ▶ Create a safe, supportive environment where people feel free to share honest responses.

## Respond to feedback from the person

Both positive and negative feedback is useful to help you and your workplace improve service delivery and better support the recovery of people with mental health needs. Feedback about what wasn't helpful or successful can help you identify problems with policies, procedures, services or work activities. Feedback about what was successful for the person can help identify whether specific approaches, services or procedures could be applied elsewhere to increase the level of success.



However, feedback is only beneficial if it is used appropriately. All feedback needs to be responded to, whether to the person themselves (for example, if they have a specific concern, let them know what has been done in response), or by being used in your own self-reflection on your work practices, or by being used in your workplace's continuous improvement cycle. Make sure that the feedback you gather is used appropriately, as this honours the person and their experience with your service. Their feedback can significantly affect how well you can support other people in the future.

**Example**

**Gather and respond to feedback from the person on service and support provided**

Freya is transitioning from the service and her support worker, Yasmin, is eager to gain her feedback. At their final meeting, Yasmin ensures that Freya fully understands the transition procedure, that she is fully supported and has everything she needs. Before she goes, Yasmin asks her for her feedback.



'Freya, I'm so excited that you've met all your recovery goals and come so far. It's been a pleasure to support you. I was wondering: would you mind if I ask you a few questions about the services you've received?'

Freya nods. 'No worries.'

'Great. Any information you share with me now (and I'll give you a form to fill out later, if you choose to) will be used for my own professional development and for the workplace's internal reviews. But in that case, anything you provide will not have your name attached, so it will be anonymous. Is that okay?'

Freya nods again.

After their meeting, Yasmin uses the notes she took to reflect on what she could change or improve upon in her personal work practices. She also passed on some of the de-identified feedback to her supervisor to be added to the workplace's continuous improvement cycle.

## Practice task 38

1. What are two ways to support a person to provide feedback about their services when transitioning from the service?

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2. What are two benefits to the consumer in gathering and responding to their feedback?

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3. What are two ways to appropriately respond to people's feedback?

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**Click to complete Practice task 38**

# 6F Reflect on and identify opportunities for enhancing empowerment and improving processes

Regularly reviewing, modifying and improving your work processes is a fundamental aspect of your commitment to professional practice and your commitment to providing best-practice, recovery-oriented support to consumers. Specifically, you should follow a reflective practice approach to identify opportunities to enhancing the empowerment of people with mental health needs as they undertake their individual recovery journeys.



## Evaluate strengths and weaknesses

All work activities, including recovery-oriented service delivery, should be assessed and evaluated for their strengths and weaknesses. Not only does this allow you to identify how to improve specific processes, you can use this information to foster the empowerment of consumers.

Periodically during each recovery alliance relationship, and at completion (if the person transitions), use the person's feedback and other relevant data to carefully evaluate what benefits were gained from participating, how it met the person's individual goals and what you have learnt from the experience. Equally, evaluate the weaknesses and challenges of the relationship and identify unmet goals.

You may like to structure your evaluation under the following headings.

### Evaluation areas for networking and collaborations

- ▶ Communication – How well did this function? Could it be improved?
- ▶ Resources – Were they sufficient? Were they shared appropriately?
- ▶ Roles and responsibilities – Did everyone understand and fulfil their role?
- ▶ Goals – Were clear goals defined initially? Were they met?
- ▶ Teamwork – Did all members function well as a team? Was there a cohesive team identity?
- ▶ Lessons learnt – What did people take away from this experience?
- ▶ Empowerment – How could I further foster empowerment in consumers?

## Seek opportunities to improve

All work activities need to be regularly reviewed and monitored to ensure that best-practice approaches are being utilised and that individuals' changing needs are being met. This demonstrates your professionalism and expresses your commitment to supporting the empowerment of people with mental health needs.

While regular self-reviewing should be part of your normal practice, other signals that you may have an opportunity to improve include feedback from consumers and stakeholders, an outcome or goal not being met or a reduction in recovery planning participation. Rather than seeing these as failures, it is more beneficial to view them as opportunities to better target your work processes in the future.

Contribute to continuous improvement of professional practice by:

- ▶ engaging in self-reflective practices, such as keeping a journal and participating in peer groups for the purpose of professional development
- ▶ having regular professional supervisions sessions; most workplaces provide workers with opportunities to discuss and review work practices with a mentor or supervisor
- ▶ undertaking professional reading in journals and texts to keep up-to-date with the latest developments in recovery-oriented practices
- ▶ signing up to internet forums and email lists on the topic of recovery-oriented practices
- ▶ attending workshops and conferences
- ▶ networking with others in the field.

## Reflective practice

A commitment to reflective practice demonstrates your professionalism and desire to continuously improve your work processes. Reflective practice stimulates ongoing learning and growth. As such, scheduling regular time to self-reflect is vital.

One of the most important ways you can review your own practice is to write clearly and honestly in a practice journal. Over time, you will begin to see patterns in the way you work and what your greatest strengths and weaknesses are. A practice journal is also useful in supervision sessions to prompt discussion on different areas of practice.



Keep in mind that recovery-oriented mental health work aims to encourage individuals to mobilise their resources and skills and work to achieve their specific recovery outcomes. Recovery-oriented practice is based on the principles of empowerment, social justice, collaboration and inclusion. It is a flexible process where you contribute skills, but should not be seen as the leader or the expert. Your work can have a profound effect by empowering individuals with support needs to fully participate in all aspects of life.

## Reflective practice methods

There are many reflective practice methods that you can use according to needs and the specifics of your work role, including journaling, communicating with supervisors and professional colleagues, and undertaking your own formal reviews of your work practices.

One of the most common methods is to undertake regular self-reflection on each person's individual case.

Self-reflection questions:

- ▶ Have I identified what did or didn't work well for the person?
- ▶ Have I researched alternative options? Do I have all the knowledge that I need about the range of supports available?
- ▶ Have I consulted with the correct people and used their feedback? Do I encourage feedback from others?
- ▶ Have I collaborated with the person and respected their choices?
- ▶ Am I following my workplace's policies and procedures? Am I documenting all my actions appropriately?
- ▶ Do I regularly review each individual's supports to ensure that they are fulfilling their needs?
- ▶ Have I built in new measurements, outcomes and timeframes for review?
- ▶ Are each person's rights being upheld?
- ▶ How can I improve my skills, knowledge and expertise to better support each person?
- ▶ How can I better foster each person's empowerment?

## Empowerment

One of the fundamental values and principles underlying all work in the mental health sector is a commitment to the empowerment of people with mental health needs. This approach aims to enable people with support needs to increase control over their own lives by ensuring their involvement in making decisions that affect their care.

When using an empowerment approach, the focus is on providing information, resources and support to assist people to build capacity, gain confidence and take control of their lives. This is a topic that requires regular self-reflection to ensure that you are empowering the people in your care. Here are some of the questions that you could use in this process.

### Good questions for self-reflection about empowerment

- ▶ Do I promote people's independence?
- ▶ Is each person at the centre of all decision-making about their care?
- ▶ Are people's communication, cultural, language and access needs met?
- ▶ Do I respect diversity, difference and individual choice?
- ▶ Am I flexible and responsive to each person's needs and goals?
- ▶ Do I support people to realise their full potential?

- ▶ Do I actively support people as valued members of the community?
- ▶ Is there any way to improve my individual work processes to further foster people's empowerment?
- ▶ Is there any way to improve my workplace's processes to further foster people's empowerment?

## Strategies to foster empowerment

Many common strategies that foster empowerment are built into best-practice approaches and your workplace's procedures, but remember to actively keep the goal of people's empowerment in mind. Use your self-reflection to identify further opportunities to improve work processes.

For example, reflect and act upon the following questions to promote people's empowerment. Have any delays, barriers to participation or inefficiencies been encountered? How could service delivery procedures be optimised in the future? What have I learnt about providing services from this case? Have I communicated my findings to the appropriate people?

Here are some of the common strategies that facilitate people's empowerment, which you can foster in your work practices.

### Provide information

- ▶ People need relevant, timely, accurate and up-to-date information about their options and goals. Make sure that you provide each person with information that ensures that they can make informed decisions about their care. For example, if a person's goal is to gain employment, provide information about relevant employment and training options and funding assistance.

### Promote inclusion

- ▶ The fundamental principle of respecting and valuing all people underlies policies of inclusion. At all times, seek to open up access for people with mental health needs, challenge prejudice and discrimination and actively support the inclusion of consumers in all areas of life.

### Give individualised support

- ▶ Targeted, individualised support is a fundamental requirement of person-centred services. Make sure that you understand each person's needs, goals, choices and capabilities and structure actions and services to those individual elements. Every person is different and a service that meets the needs of one person will not necessarily benefit another, even if they share similar mental health needs.

### Focus on capacity and choice

- ▶ Focus your supports on people's capacities, capabilities and individual choices. Everyone has skills, knowledge and insights to share and each person's contributions should be valued and respected. Working to extend people's skills and strengths through supporting their decisions fosters empowerment and self-esteem.

### **Provide compassion and encouragement**

- ▶ Never underestimate the power of encouragement and genuine compassion. Compassion is different to pity, where you feel sorry for a person; compassion respects and values people's experiences, acknowledging their strengths, capabilities and uniqueness. Many people with mental health needs lead challenging lives and your simple encouragement can be very valuable and appreciated.

## **Make recommendations for action**

As a result of your evaluation and self-reflection, you will have a number of identified strengths and weaknesses in terms of work processes. This information is extremely valuable, not only to yourself, but also to your organisation and to other stakeholders.

Your recovery-oriented work practices provide valuable experiences and data to draw upon for future recovery alliance relationships. Make sure that your experience is translated into a set of recommendations that can be used in future actions. Common recommendations for action include the following.

### **Resource recommendations**

Recommendations regarding the need for further resources, how to access them and how to fundraise or lobby for additional resources are common. Make specific recommendations regarding services used, timelines, use between collaborators and suggestions for alternative/improved sourcing and purchasing, as relevant.

### **Communication recommendations**

Ways to improve communication between collaborators in a recovery alliance is a common action to recommend. This information is vital to facilitate improved, more efficient collaborations and services in the future.

### **Goal-based recommendations**

Did the collaboration lead to the individual's specified goals being met? Why or why not? Successful practices and strategies can be transferred to other recovery alliances and unsuccessful practices are just as useful in terms of recommending actions for the future.

### **Empowerment recommendations**

Did the recovery alliance and recovery planning process actively promote the empowerment of the individual? What worked and what didn't? How could individual people be better empowered, as well as people with mental health needs as a group? What can you do to help?

**Example**

**Reflect on and identify opportunities for enhancing empowerment and improving processes**

Suzanne has just finished her work activities for the day. She logs on to her computer and brings up a file named 'Monthly review'. In it, she finds a checklist that she prints out and follows.

**Monthly review**

Connect with professional network (read and contribute to forums, check articles and posts).	<input type="checkbox"/>
Assess feedback received and address any concerns.	<input type="checkbox"/>
Check currency of legislation and standards by researching online and ensure work practices are compliant. Inform management/report appropriately if anything is not compliant.	<input type="checkbox"/>
Look for training opportunities (conferences to attend, online classes, etc.).	<input type="checkbox"/>
Self-reflection: Am I providing the best possible services to people?	<input type="checkbox"/>
Ask for feedback (from people with support needs, families and/or carers, supervisor, etc.).	<input type="checkbox"/>
Set goals for next month.	<input type="checkbox"/>
Inform management/report appropriately if anything is not compliant.	<input type="checkbox"/>

## Practice task 39

1. What are two reasons to reflect on your work practices and feedback?

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2. What is the role of reflective practice in your work activities?

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3. What place does the empowerment of people with mental health needs have in your work?

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**Click to complete Practice task 39**

## Summary

1. Ensure regular reviewing procedures are undertaken in collaboration with the person and other relevant stakeholders to ensure that the recovery plan remains relevant and is proving effective.
2. Gather feedback from the person about their progress implementing their recovery plan at key milestones. Use your good communication skills and establish rapport to ensure people feel comfortable communicating their concerns.
3. Make amendments and adjustments to the person's recovery plan according to identified areas for change. Create a transition strategy to oversee the changes, if they are significant or if the person requires additional support to navigate the changes successfully.
4. Continue the review cycle until the person meets all their recovery goals and no longer requires support (if this is an appropriate outcome for the person). If the person transitions from your service, make sure to follow your workplace's policies and procedures for case closure and support the person through their transition.
5. Make sure to support a person transitioning from the service to provide feedback about their experiences and the services they received. Use this feedback appropriately in your own professional development and in your workplace's continuous improvement cycle.
6. Use a reflective practice approach to regularly self-assess and evaluate your work processes and make needed changes. Contribute your ideas for improvements to your workplace's improvement procedures also. Make furthering the empowerment of people with mental health needs a specific focus of your self-reflection and professional development activities.

## Learning checkpoint 6

# Collaboratively review the effectiveness of the plan and support provided

This learning checkpoint allows you to review your skills and knowledge in collaboratively reviewing the effectiveness of the plan and support provided.

1. What are three strategies that you can use to review a recovery plan and alliance with a person, to ensure continued relevance and effectiveness?

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2. What are two reasons why feedback from a person is gathered at key milestones of implementing their recovery plan?

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3. What are three of the key steps involved in identifying new directions and areas for change in a person's recovery plan?

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4. How long should workers continue the implementation and review cycle for a person's recovery plan?

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5. What is one benefit for the worker and one benefit for the consumer in gathering and responding to the consumer's feedback about their satisfaction with the service and the support provided?

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6. What are two ways to reflect on work practice and feedback to identify opportunities for enhancing empowerment and improved processes?

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7. What is one way that local and international best-practice frameworks affect how you review a person’s recovery plan?

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8. What are two ways that reflective practice can lead to improved work processes?

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9. Name two ways that a commitment to empowerment of people with mental health needs affects your work processes.

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