

CHCMHS005

**Provide services
to people with
co-existing mental
health and alcohol
and other drugs
issues**

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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CHCMHS005 Provide services to people with co-existing mental health and alcohol and other drugs issues Release 1

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Before you begin

This learner guide is based on the unit of competency *CHCMHS005 Provide services to people with co-existing mental health and alcohol and other drugs issues*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

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

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

Foundation skills

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

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

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

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

What do you already know?

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

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Assess capacity to support a person who has co-existing mental health and AOD issues	1A Recognise signs that indicate a person may have co-existing mental health and AOD issues	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Identify service provision or interventions for a person with a dual diagnosis	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Assess impact of co-existing conditions on the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Identify person's readiness, motivation, priorities and goals for recovery	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Gather information about AOD substances, interactions and impacts	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Provide support services to address co-existing issues	2A Build an effective working relationship with the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Discuss existing services and supports and collaboration across services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Discuss service options and approaches with the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Support person to make informed decisions about approaches	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
	2E Develop a plan with the person that reflects their choices	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Implement appropriate strategies, services and resources	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Facilitate links to further care	3A Identify issues outside the scope of service and/or worker	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Identify service and support options with the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Support positive decision-making to help the person choose recovery options	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Determine referral options, responsibilities and consents required	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Make referrals in accordance with the person and organisation protocols	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3F Follow up and evaluate referrals to ensure they have been effective	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Collaborate with the person to minimise risk	4A Identify potential risks to the safety of a person, workers and others	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Identify triggers, strategies and contingency options to prevent or manage risks	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Use de-escalation techniques, conflict resolution and negotiation skills to manage conflict	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4D Identify emergency situations and seek immediate assistance	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4E Comply with legal, ethical and policy requirements for duty of care and dignity of risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 5 Review and report on support provided	5A Record services provided, decisions made and follow-up actions	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5B Communicate information to stakeholders with the person's consent	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5C Reflect on own role and use learning to enhance future practice	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5D Seek advice, supervision and debriefing from your workplace supervisor	<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** Recognise signs that indicate a person may have co-existing mental health and AOD issues
- 1B** Identify service provision or interventions for a person with a dual diagnosis
- 1C** Assess impact of co-existing conditions on the person
- 1D** Identify person's readiness, motivation, priorities and goals for recovery
- 1E** Gather information about AOD substances, interactions and impacts

Assess capacity to support a person who has co-existing mental health and AOD issues

It is very common for individuals experiencing mental health issues to have co-existing alcohol and other drugs issues (or dual diagnosis) and vice versa. Workers in these sectors, and in health and community services in general, need to be able to recognise the signs indicating co-existing issues. The challenge is then for you to identify service provision that will meet the complex needs of the person with a dual diagnosis. Individuals with co-existing issues often experience poorer outcomes and you will need to assess the impact of multiple issues on the individual. Having explored the impact of the person's dual diagnosis with them, you will need to work with the person to identify their readiness and motivation to make changes, and what their goals are towards recovery. Finally, it is important that you have an understanding of the impact of alcohol and various drugs and how they interact with each other and the person.

1A Recognise signs that indicate a person may have co-existing mental health and AOD issues

Individuals can access service provision with a mental health or alcohol and other drugs (AOD) presenting issue. During initial assessment or service provision, you may discover signs that the person has co-existing issues. You need to be able to recognise when the issues you are identifying are linked to both mental health and AOD issues. You will also need to understand that you may need to respond to a person with a dual diagnosis differently to a person who has less complex needs and issues. You may identify these co-existing issues using standard screening tools, or by using your knowledge of drug interactions and use.



Recognise and respond to a person who may have co-existing mental health and AOD issues

It is important that workers providing services for individuals who present with mental health or AOD issues are aware of the high probability of co-existing issues. At times an individual's co-existing mental health and AOD issues will go unidentified as workers are not looking for the second issue. Sometimes the symptoms of mental health conditions and AOD problems are similar so you will need to take the time to identify the issues. In some situations the person's drug use could have caused their mental health issue or could be making symptoms worse. In other situations the person may be using drugs to self-medicate or to temporarily lessen their mental health symptoms. It is important for you to acknowledge the prevalence of dual diagnosis and to ask individuals about their AOD use and the mental health. Keeping in mind that the signs of dual diagnosis will be different depending on the person's mental health issue and what substance they use, here are some common signs you may observe.

Signs that indicate a person may have a dual diagnosis

- ▶ Agitation or aggression
- ▶ An inability to maintain employment
- ▶ An inability to maintain functional relationships – may be alienated and lack support from family and friends
- ▶ Legal problems
- ▶ Financial issues
- ▶ Extreme mood swings or an inability to control their emotions
- ▶ Suicidal feelings or thoughts
- ▶ Won't cooperate with their health care providers
- ▶ May be experiencing homeless or moving frequently from one place of residence to another
- ▶ May be hospitalised fairly often

Common signs and symptoms of AOD use

In order to assess what issues a person is experiencing, it is important to have an understanding of the signs and symptoms of drug use. According to the Australian Drug Foundation, mood altering drugs fall into three broad categories: depressants, stimulants and hallucinogens. Here is some information on these categories and examples of the drugs in each.

Depressants

- ▶ Depressants slow down the central nervous system and the messages between the brain and the body. They can affect concentration and coordination and can slow down reaction time. The effects can range from drowsiness to death.
- ▶ Depressants include alcohol, benzodiazepines (minor tranquillisers), cannabis, GHB, heroin, morphine, codeine, methadone, and some inhalants.

Stimulants

- ▶ Stimulant drugs speed up the messages between the brain and the body. They can make a person feel more awake, alert, confident or energetic. They can cause anxiety, panic, seizures, headaches, stomach cramps, aggression and paranoia.
- ▶ Stimulants include caffeine, ephedrine, nicotine, amphetamines, cocaine and ecstasy (MDMA).

Hallucinogens

- ▶ Hallucinogens distort a person's perception of reality which means they may see or hear things that aren't real, or what they see may be distorted.
- ▶ Hallucinogens include ketamine, LSD, datura, magic mushrooms (psilocybin) and mescaline (peyote cactus). Cannabis and ecstasy can also have hallucinogenic qualities.

Signs of drug use

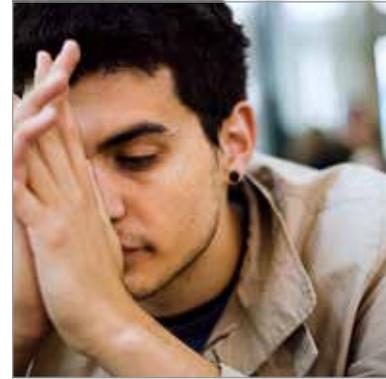
Unfortunately, it can sometimes be challenging to identify what symptoms are indicators of drug use and what are indicators of mental health concerns. Some of these symptoms can be seen in both mental health and AOD issues. There are, however, some common signs that may indicate that a person is using alcohol or other drugs. Here are some of these signs.

AOD signs of use include:

- ▶ mood swings
- ▶ unexplained tiredness
- ▶ explosive outbursts
- ▶ withdrawal from family and friends
- ▶ poor concentration
- ▶ weight loss or gain – changes to eating patterns
- ▶ lack of money for essentials
- ▶ impaired memory
- ▶ frequent absences from work or school.

Signs and symptoms of dependency

Dependence means that a person may have developed a psychological and/or physical need for a drug. The drug may become more important than other activities in their life, they may crave the drug and may find it difficult to stop using the drug. The person may find they feel they need to use the drug in certain circumstances or surroundings. Perhaps they feel the need to drink when out with friends or to smoke when on the phone. They may have developed a tolerance to the drug meaning they will need to use larger amounts of the substance to get the same effect.



You can read more about the signs and symptoms of drug use and dependency at the following sites:

- ▶ <http://aspirelr.link/adf>
- ▶ <http://aspirelr.link/health-direct>

Recognise withdrawal symptoms

A person using alcohol or other drugs may experience withdrawal symptoms when they cut back or stop using the drug. This happens as part of the detoxification process as the drug stops impacting on the person's central nervous system. Think of the last time you woke up with a hangover. Symptoms may have included a headache, nausea, stomach ache or sweating. These are withdrawal symptoms.

A person's withdrawal symptoms can range from minimal to quite severe. The severity of symptoms will differ depending on how long the person has used for, the type of drug, the person's health, and the method they use to withdraw. Here are some possible withdrawal symptoms for commonly used drugs.

Alcohol

Alcohol withdrawal symptoms can include: anxiety, agitation, sweating, tremor, nausea, vomiting, abdominal cramps, diarrhoea, anorexia, craving, insomnia, high blood pressure, elevated pulse and temperature, headache, confusion, perceptual distortions, disorientation, and hallucinations. Seizures may occur and may be life threatening.

Amphetamine

Amphetamine withdrawal symptoms can include: fatigue, flat affect, increased sleep, reduced cravings, fluctuating mood and energy levels, cravings, disturbed sleep, and poor concentration.

Nicotine

Nicotine withdrawal symptoms can include: craving, irritability, restlessness, mood swings, increased appetite and hunger, sleep disturbances with resulting insomnia and fatigue, anxiety and depression, and difficulty concentrating.

Opiates

Opiate withdrawal symptoms can include: anxiety, craving, muscle tension, muscle and bone ache, muscle cramps and sustained contractions, sleep disturbance, sweating, hot and cold flushes, piloerection, yawning, abdominal cramps, nausea, vomiting, diarrhoea, palpitations, elevated blood pressure and pulse, and dilated pupils.

Cannabis

Cannabis withdrawal symptoms can include: insomnia, shakiness, irritability, restlessness, anxiety, anger, and aggression.

Interactions between mental health medications and other substances

There is a serious risk to individual's health and well-being when combining prescribed mental health medications with other substances like alcohol or other drugs. It is possible that one of the drugs may alter the action or effects of another drug present in the body. Some of these drug interactions are trivial, while others can be dangerous and possibly life-threatening. It is possible that using a drug in addition to mental health medication could reduce the effectiveness of the medication, or could increase side-effects. Here are some ways that drugs can interact.

Independent interaction

- ▶ Substances act independently of each other and do not interfere with each other.

Increase effects

- ▶ Substances can increase each other's effects because they affect the brain in the same way or increase the concentration in the body. For example, using amphetamines with antidepressants may cause increased anxiety or mania.

Decrease effectiveness

- ▶ One drug can 'block' or work as an antagonist to the other. This means one drug may prevent another drug from producing the desired effect. For example combining alcohol (a depressant) while taking antidepressants can make depression worse and can increase side effects, such as drowsiness, dizziness and problems with co-ordination.

Risk factors of using common mental health medications and other substances

There are risks to combining mental health medications with other substances. The most common negative effects include:

- ▶ cardiac effects such as constricting or dilating blood vessels which can lead to the heart stopping
- ▶ increased risk of mental health concerns like psychosis
- ▶ depressing the central nervous system which could be increased from drowsiness to life-threatening coma
- ▶ depressing of the respiratory system
- ▶ increasing the risk of seizures.

Here are some specific risks of mental health medications and other substances.

Stimulants and antidepressants

- ▶ If a person taking prescribed antidepressants also takes a stimulant like amphetamines or cocaine they can be at risk of high blood pressure, headaches, cerebral haemorrhage, and increased heart rate.

Cannabis and antipsychotics

- ▶ Marijuana use can decrease the effectiveness of antipsychotic medication and can put the person at risk of returning psychotic symptoms. It can also lead to low blood pressure and disorientation.

Tobacco and antipsychotics

- ▶ Smoking can decrease the blood concentration of some antipsychotics requiring a higher dosage. If the person reduces their smoking, the blood concentration will increase leading to side-effects and toxicity. Medication levels should be closely monitored in smokers.

Tobacco and benzodiazepines

- ▶ Smoking can stimulate liver enzymes that metabolize some benzodiazepines causing the medication to clear the system more quickly. The person may require higher doses.

Caffeine and lithium

- ▶ Caffeine is a diuretic so it can affect the person's body water balance and their lithium levels. It is important for caffeine intake to be kept stable.

Role and use of standard screening tools

You should work from the premise that in order to provide the person with effective services, it is necessary to recognise that a co-existing disorder exists. If you and your organisation routinely use screening tools with people who present with either mental health or AOD issues it is likely to improve detection of co-existing issues and increase the likelihood of appropriate intervention and better outcomes. A screening tool provides a brief method to determine if an issue is present. If there is a positive screen, you will need to do a more detailed assessment which will assist you to develop an appropriate service plan. Here are some standard screening tools that can be used for co-existing issues.

PsyCheck

PsyCheck screens for the likely presence of mental health symptoms for people presenting with AOD issues. Primarily screens for anxiety and depression but also provides some indication of suicide risk and history of psychotic illness.

Available at: <http://aspirelr.link/psycheck>

K10

The K10 was primarily designed to detect high-prevalence mental health disorders. In widespread use.

Available at: <https://aspirelr.link/k10-checklist>

AUDIT

The audit screens for alcohol use disorders (past-year time frame) and provides an indication of both hazardous/harmful alcohol use as well as alcohol dependence.

Available at: <http://aspirelr.link/right-mix-audit>

ASSIST

ASSIST screens for substances people have used (lifetime use), substances used in past three months, problems related to substance use, risk of harm (current or future), dependence, and intravenous drug use.

Available at: <http://aspirelr.link/who-assist>

Respond to signs of co-existing mental health issues

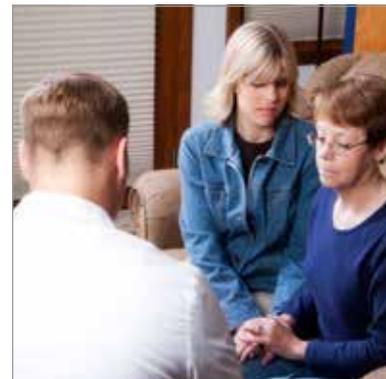
At times it can be quite easy to identify a person with a co-existing mental health or AOD issue. The person will present intoxicated or under the influence of substances. As an AOD support worker you need to assess the situation. Is there any danger to anyone? If yes, you need to follow the organisation's protocol for personal threat.

If there is no immediate danger you need to notify your supervisor immediately and seek advice on the protocol to follow. As the AOD worker you have a duty of care for the intoxicated person, this may involve contacting a support person to take the person home.

If the person is suffering from a mental health issue and is quite distressed, follow the organisations protocol. This may include notifying the CAT team to come out to assess the person.

At all times try to maintain a calm environment and avoid confrontation with the person. Ensure your own safety and the safety of others in the environment.

Once the situation is resolved a debriefing session may be conducted with your supervisor. Comprehensive case notes need to be written up. In some organisations it is the policy to write out an incident report that is forwarded to management and the health and safety officer.



Example

Recognise signs that indicate a person may have co-existing mental health and AOD issues

Stan is a mental health worker. He meets Rob, who has come for support with his depression. As part of the initial assessment, Stan administers the ASSIST screening tool to Rob. From the screening tool, Stan learns that Rob has a recent history of marijuana use which may be impacting on his mental health. Stan uses this information to talk to Rob about the services he requires.



In conversation with Rob, Stan picks up that Rob appears confused and disorientated. Stan decides to stop the discussion and makes a further appointment for Rob to come back to see him. Rob is reluctant to leave the centre as he has nowhere to go and his train does not leave for another hour. Stan engages Rob in small talk that is non-threatening and notifies Rob's wife of the situation. Rob's wife informs Stan that she will stop by to pick up Rob and take him home after she drops the kids off at school. Stan provides Rob with a cup of tea and a quiet area to wait in. After a few minutes, Rob has fallen asleep.

After Rob leaves, Stan informs the supervisor and writes up the case file notes.

Practice task 1

1. What are three risks a person may face if they choose to use amphetamines while taking antidepressants to treat their depression?

.....
.....

2. What are five signs of drug use?

.....
.....
.....

3. What are five symptoms you could experience when withdrawing from amphetamines?

.....
.....
.....
.....

Click to complete Practice task 1

1B Identify service provision or interventions for a person with a dual diagnosis

Dual diagnosis, while adding complexity to service provision, does not provide insurmountable obstacles to successful outcomes. You will need to consider what interventions and services need to be provided in addition to the presenting issue. For example if the person has come to an organisation for AOD treatment, you will need to consider how to provide this treatment while addressing identified mental health concerns. It is currently recommended that you use best practice interventions for each disorder as options to work with dual diagnosis together have not been well researched.



Identify service provision and suitable interventions

In order to meet the complex needs of a person with co-existing issues, you will need to identify what services your organisation and you as a worker can provide them. A person with co-existing issues will need mental health services and AOD services. You will need to identify what programs and services your organisation can provide and whether you will need to provide appropriate referral options to meet some needs. Individuals with dual diagnosis mental health and AOD issues often have a variety of other medical, family and social issues. You may need to consider what interventions will be suitable which may include a broad, multi-faceted approach.

Examples of services and support strategies appropriate to people with co-existing mental health and AOD issues can be seen below.

Services and support strategies

- ▶ A person-centred approach that acknowledges the person's strengths, skills and capacity is useful
- ▶ Interventions need to be holistic to address the range of complex issues being experienced
- ▶ Work collaboratively with the person towards goals
- ▶ Provide non-judgmental support – many people with a dual diagnosis have experienced stigma relating to their mental health and drug use
- ▶ Non-confrontational interventions like motivational interviewing can support the person to recovery without increasing their stress or distress
- ▶ Involve significant others, like family members, in service provision
- ▶ Identify other health and community services providers that are involved or may be required
- ▶ Consider if a suicide risk assessment is required
- ▶ Mental health medication and other treatment options like cognitive behavioural therapy
- ▶ Recovery-focused mental health programs

Services and support strategies beyond AOD and mental health

Individuals with mental health and AOD dual diagnosis are likely to also be experiencing a range of other issues. These issues may be around relationships, health, legal concerns, homelessness, employment or study. You will need to work with the person to identify any areas of concern and to find services and supports that will meet their identified needs. You will need to ensure that any services provided by you, your organisation or referral organisations are non-judgemental and person-centred.

Services and support strategies that may be suitable for people with co-existing issues are outlined below.

Services and support strategies

- ▶ Legal aid or community legal services
- ▶ Family/relationship counselling programs
- ▶ Mental health/AOD friendly health services, dental services
- ▶ Supported housing services
- ▶ Homelessness services
- ▶ Specialist employment services
- ▶ Education/training support services

Example

Identify service provision or interventions for a person with a dual diagnosis



Sarah has been diagnosed with bipolar disorder. Sarah tells her support worker Brooke that when she has trouble sleeping during manic phases, she will sometimes use heroin to help her relax and sleep. Unfortunately, Sarah was recently arrested for possession and has charges pending. Brooke finds out that Sarah has not been to see her psychiatrist in six months. Brooke identifies that she can support Sarah to find ways to manage

her mental health issues but suggests that Sarah makes an appointment with her psychiatrist to explore medication options. Brooke also links Sarah to a community legal service so she can get legal advice before her court case.



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Practice task 2

1. Why is it important to provide non-judgmental support to a person with a dual diagnosis?

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2. What are three issues that a person with a dual diagnosis may experience beyond the mental health and AOD issues?

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Click to complete Practice task 2

1C Assess impact of co-existing conditions on the person

It can be challenging for a person to deal with one issue or area of concern in their lives when there are many more things going on. Individuals with co-existing mental health and AOD issues have to deal with multiple issues and how they interact and complicate each other. You will need to assess alongside the person what impact their co-existing conditions are having on the person. While dual diagnosis can impact on the person's health and well-being, it often also impacts their financial, legal and social status.



Assess the impact of co-existing conditions on the person

The impact of a dual diagnosis can often be that the person experiences more severe and chronic health, social and financial issues than someone with only one diagnosis. Progress towards recovery can sometimes take longer and be more complicated. You will need to assess the impact of the person's dual diagnosis alongside the person. Discuss with them how each issue impacts on different aspects of their life, considering their health, their relationships, their capacity for employment, their overall well-being and their legal status. Keep in mind that all individuals are unique and this means the impact that issues are having will depend on the person's circumstances. For example the person may have no legal issues because they drink alcohol or smoke cigarettes rather than using heroin or cannabis. Here are some areas that may be impacted by dual diagnosis.

Financial impacts	Due to multiple health impacts and recovery being more complicated, it can be difficult for a person with a dual diagnosis to work or study. This can impact on the ability to maintain stable accommodation or to live a healthy lifestyle.
Legal impacts	The person may have legal issues linked to using illegal drugs. They may also have civil legal issues relating to family court, such as custody or divorce issues.
Social impacts	At times, being unwell or the behaviours associated with a dual diagnosis may make it hard for the person to maintain positive relationships with family and friends or to be connected to the community.

Example

Assess the impact of co-existing conditions on the person

Luke has been using amphetamines for a few years. During this time he has been hospitalised three times with drug-induced psychosis. Luke says the amphetamines help him to feel better and to cope with his life. Luke’s partner Shelly recently took their son and moved back to her parents’ house. She is going to court to gain full custody of their son and to limit Luke’s interaction with him as she feels he is a danger to the little boy.



Practice task 3

1. Explain why someone with a dual diagnosis may have more impacts than someone with one diagnosis.

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2. What impact can dual diagnosis have on a person’s financial stability?

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Click to complete Practice task 3

1D Identify person's readiness, motivation, priorities and goals for recovery

A person with a dual diagnosis may want to change certain behaviours to support their goals for recovery. Your role is to identify the person's readiness to change and to assist them to increase and maintain motivation. A person with multiple complex issues may identify more than one area of change they want to work on. Your role is to help the person identify priorities for change and to develop goals towards recovery in both mental health and alcohol and other drugs. You can assess a person's readiness to change and increase their motivation using motivational interviewing, an approach that is non-confrontational and supports the person's strengths.



Identify readiness to change using the stages-of-change model

You can assess the person's readiness to change using the stages-of-change model developed by Prochaska and DiClemente. The model assesses how the person feels about their behaviour, health and well-being. It determines if the person is comfortable with their current situation and behaviour, or if they are considering making changes, or if they are ready to take action to change. The model outlines five stages of change, described below, that identify where a person may be in their readiness to change their behaviour. It is important to remember that this is not a linear progression – people can move backwards and forwards between the stages depending on their current circumstances.

Stages of change

Precontemplation

Individuals in this stage are happy with their current behaviour and are not thinking about changing. The benefits they get from the behaviour currently outweigh any problems or consequences.

Contemplation

Individuals in this stage are beginning to consider options. They may be experiencing some negative impacts from the behaviour while still enjoying aspects of it. At this stage they may be considering change or may decide to continue with the behaviour.

Preparation/determination

The person is trying to make changes and is planning for change.

Action

The person will now be experiencing more negative consequences than positives from their behaviour and are ready to start taking some small steps towards changing. They may be actively taking steps to change their behaviour; however, they may also still feel ambivalent about changing and may try several different strategies.

Maintenance

At this stage the person has found ways to cope without the problem behaviour. They are able to anticipate and handle any temptation to return to the behaviour.

Solution-focused approaches to change

The solution-focused approach sees the worker providing the person with strategies to identify their goals, identify priorities and develop manageable objectives and tasks. Solution-focused strategies are future-focused and focus on solutions, rather than on the problems that brought the person to the service. This approach assumes that people have knowledge of what they need and how they can improve their lives, even though they may need support from you to articulate this. It also assumes that each person already possesses some of the skills necessary to create solutions for themselves. Here are some of the tools you can use in this approach.

Tools for a solution-focused approach to change

Looking for previous solutions

1

Most people have previously solved many problems and will have some ideas of how to solve the current issues. Assist the person by asking: ‘Are there times when this has been less of a problem?’ or ‘What did you (or others) do that was helpful?’

Looking for exemptions

2

Most individuals have recent examples of exceptions to their issues. These are times when they could have behaved in a certain way but did not for example. You can assist the person to identify exceptions by asking: ‘What is different about the times when you did not do ... (or when you acted differently)?’

Present and future-focused questions

3

This reflects the basic belief that behaviour can be changed by focusing on what is already working, and how a person would like their life to be, rather than focusing on the past. Ask: ‘What will you be doing in the next week that would indicate to you that you are continuing to make progress?’

Compliments

4

Validate what the person is already doing well, and acknowledge how difficult change is.

Miracle question

5

This helps the person to describe small, realistic, and doable steps they can take as soon as the next day. Ask: ‘If you went to sleep tonight and a miracle happened and your issues were gone, what small sign would there be the next morning that would let you know that things had changed?’

6

Scaling questions

Useful in helping people to assess their situation and track progress. You can ask about the person's motivation, health, progress, confidence or hopefulness or any other relevant topic. Ask: 'On a scale of 1 to 10 where 1 = no motivation at all and 10 = very motivated, how would you rate your motivation today?'

Motivational interviewing principles

Motivational interviewing is an approach that is based on the belief that all behaviour is motivated. In other words, humans do things for a reason – the person either gains something positive from the behaviour or avoids something negative by continuing with the behaviour. Motivational interviewing is also based on the idea that the reason a person may participate in a behaviour or stop a behaviour involves them weighing up the potential benefits and costs of the behaviour. Motivational interviewing is person-centred and non-confrontational. It is essential for you to develop positive relationships with the people you work with when using this approach.



Motivational interviewing

Motivational interviewing encourages the person to consider both the good and less good things about the behaviour and explore the possibility of change. It is used alongside the stages of behaviour change model as the content of the interview is based on the person's stage of change.

Motivational interviewing is useful as it can:

- ▶ help the person understand how they feel about a particular behaviour, and what the benefits and consequences are
- ▶ Identify what level of motivation the person has to change
- ▶ increase awareness and understanding of the person's issues and needs
- ▶ increase motivation to change behaviour that is impacting on the person
- ▶ assist the person to explore their feelings about their behaviour
- ▶ encourage the person to convince themselves to make beneficial changes.

Set recovery goals and priorities

Supporting a person to set goals is an effective way to increase their motivation and assist them to make changes that support their mental health and manage their drug use. Individuals with a dual diagnosis can use goals to improve their health, develop stronger relationships, or increase positive outcomes relating to employment, housing or community connectedness. In your discussions with a person, it may become clear that they have multiple goals for their mental health and AOD issues. It will then become necessary for you to support them to identify their priorities so that their goals are manageable and achievable.

In order to support the person to develop goals that lead to successful outcomes, you can use SMART goals. Here is an outline of the components of SMART goals.

S

Specific

Goals need to be specific as vague or general goals are hard to achieve. Goals that work include specifics such as ‘who, where, when, why and what’

M

Measureable

Goals should have an identified quantity like how much or how many so that you will know when you’ve reached the goal

A

Achievable

Goals that lead to change should be challenging, but it is important that the person has the ability to achieve them

R

Relevant

The goal needs to be important and seen as beneficial to the person

T

Timed

Goals need an end point, or a deadline, to motivate the person to complete them

Example

Identify person’s readiness, motivation, priorities and goals for recovery

Laura meets with Steve to discuss his current issues. Laura determines that Steve is at the contemplation stage of change as he tells her he’s been thinking that maybe his marijuana use is linked to his mental health deteriorating. Laura provides Steve with appropriate information regarding the link between marijuana and some mental health issues. She supports him to identify how he would like his life to change and they begin to explore his options and goals.



Practice task 4

1. What are the five components of a SMART goal?

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2. Explain how you will know a person is in the action stage of change.

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3. Explain what the 'miracle question' is and give an example.

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Click to complete Practice task 4

1E Gather information about AOD substances, interactions and impacts

In order to be able to assess and provide services for someone with co-existing issues you need to have a basic understanding of commonly used substances, their interactions and impacts. This will give you a starting point to working with the person. You also need to have the ability to gather additional reliable information about specific drugs and their impact when needed. You will also need to be able to access information on the impact specific drugs may have on someone with mental health issues.



Gather specific AOD information

You have a number of ways to gather information regarding specific drugs and their interactions, as well as the impact on individuals with mental health issues. One way is to consult with specialist AOD services, and services that provide support to individuals with co-existing mental health and AOD issues. The easiest way to find these specialist services is to access the AOD peak body in your state or territory.

You can find specialist services at:

- ▶ <http://aspirelr.link/adin>

Research specific information

Another way to gather information is for you to research existing resources which may include libraries, specialist AOD agency libraries, and online sources. Keep in mind that there is a lot of drug-related information online and it is important to get information from credible sources. Government-funded sites or university-based sites are a good starting point.

You can read more about specific drugs at the following sites:

- ▶ <http://aspirelr.link/adf-drug-facts>
- ▶ <https://aspirelr.link/drug-help>

Illegal substances

Federal and state laws make some substances illegal and provide penalties for possessing, using, making or selling drugs, or driving under their influence. Commonly used illegal drugs by individuals with mental health issues include cannabis, opiates, and amphetamines. Here is some additional information from the Australian Drug Foundation regarding these substances.

**Cannabis
(marijuana)**

Cannabis is usually smoked or eaten.

The following effects may be experienced:

- ▶ Feeling relaxed and sleepy
- ▶ Spontaneous laughter and excitement
- ▶ Increased appetite
- ▶ Dry mouth
- ▶ Quiet and reflective mood

If a large amount or a strong batch is taken, the following may also be experienced:

- ▶ Trouble concentrating
- ▶ Blurred vision
- ▶ Clumsiness
- ▶ Slower reflexes
- ▶ Bloodshot eyes
- ▶ Seeing and hearing things that aren't there
- ▶ Increased heart rate
- ▶ Low blood pressure
- ▶ Mild anxiety and paranoia

Opiates (heroin)

Heroin is usually injected into a vein but can also be added to cigarettes and cannabis to be smoked.

The following effects may be experienced:

- ▶ Intense pleasure and pain relief
- ▶ Relaxation, drowsiness and clumsiness
- ▶ Confusion
- ▶ Slurred and slow speech
- ▶ Slow breathing and heart beat
- ▶ Dry mouth
- ▶ Tiny pupils
- ▶ Reduced appetite and vomiting
- ▶ Decreased sex drive

Overdose can occur. Symptoms can include trouble concentrating, falling asleep, wanting to urinate but finding it hard to, itchininess, irregular heartbeat, cold, clammy skin, slow breathing, blue lips and finger tips, passing out, and death.

**Amphetamines
(speed/ice)**

Amphetamines are generally swallowed, injected or smoked. They are also snorted.

The following effects may be experienced:

- ▶ Happiness and confidence
- ▶ Talking more and feeling energetic
- ▶ Repeating simple things like itching and scratching
- ▶ Large pupils and dry mouth
- ▶ Fast heart beat and breathing
- ▶ Teeth grinding
- ▶ Reduced appetite
- ▶ Excessive sweating
- ▶ Increased sex drive

Overdose can occur. Symptoms can include racing heartbeat, fits, passing out, stroke, heart attack and death.

Legal substances

Individuals with mental health issues also use legal substances. These substances include alcohol, caffeine, and tobacco. They can also include pharmaceuticals (or prescription medications) that are not prescribed to the person. Here is additional information regarding these drugs from the Australian Drug Foundation.

**Tobacco
(nicotine)**

Products such as cigarettes, cigars, pipe tobacco, chewing tobacco, and wet and dry snuff contain dried leaves from the tobacco plant. Electronic cigarettes (also known as E cigarettes) don't contain dried tobacco leaves, but they may still contain nicotine.

The following effects may be experienced:

- ▶ Feeling more alert, happy and relaxed
- ▶ Coughing
- ▶ Dizziness, headaches
- ▶ Fast heart beat
- ▶ Bad breath
- ▶ Tingling and numbness in fingers and toes
- ▶ Reduced appetite, stomach cramps and vomiting

If a large amount of tobacco is taken the following effects may also be experienced:

- ▶ Confusion
- ▶ Feeling faint
- ▶ Seizures
- ▶ Fast breathing
- ▶ Respiratory arrest
- ▶ Death

Alcohol	<p>The following effects may be experienced:</p> <ul style="list-style-type: none">▶ Feeling relaxed▶ Trouble concentrating▶ Slower reflexes▶ Increased confidence▶ Feeling happier or sadder, depending on your mood <p>If a lot of alcohol is consumed the following may also be experienced:</p> <ul style="list-style-type: none">▶ Confusion▶ Blurred vision▶ Clumsiness▶ Memory loss▶ Nausea, vomiting▶ Passing out▶ Coma▶ Death
Caffeine (tea, coffee, chocolate and energy drinks)	<p>The following effects may be experienced :</p> <ul style="list-style-type: none">▶ Feeling more alert and active▶ Restlessness, excitability and dizziness▶ Anxiety and irritability▶ Dehydration and needing to urinate more often▶ Higher body temperature▶ Faster breathing and heart rate▶ Headache and lack of concentration▶ Stomach pains <p>Overdose is possible. Symptoms may include:</p> <ul style="list-style-type: none">▶ tremors▶ nausea and vomiting▶ very fast and irregular heart rate▶ confusion and panic attack▶ seizures.

Benzodiazepines

Benzodiazepines, also known as minor tranquillisers, are most commonly prescribed to relieve stress and anxiety and to help people sleep.

The following effects could be experienced:

- ▶ Depression
- ▶ Confusion
- ▶ Feelings of isolation or euphoria
- ▶ Impaired thinking and memory loss
- ▶ Headache
- ▶ Drowsiness, sleepiness and fatigue
- ▶ Dry mouth
- ▶ Slurred speech or stuttering
- ▶ Double or blurred vision
- ▶ Impaired coordination, dizziness and tremors
- ▶ Nausea and loss of appetite
- ▶ Diarrhoea or constipation

Overdose can occur. Symptoms may include:

- ▶ over-sedation or sleep
- ▶ jitteriness and excitability
- ▶ mood swings and aggression
- ▶ slow, shallow breathing
- ▶ unconsciousness or coma
- ▶ death.

Drug tolerance

Tolerance occurs after a person has been using a drug for a period of time. The person's body becomes used to functioning with a certain level of the drug in their system. Tolerance means the person finds that they need to take more of a drug to get the same effect, or that the drug just is not as effective as it once was in producing the desired effect.

Tolerance can develop to most drugs if they are used on a regular basis. People who regularly use alcohol, tobacco, coffee and tea will have developed a tolerance to them. They may feel unwell when they stop taking the drug.

Example

Gather information about AOD substances, interactions and impacts

Maria has recently identified that a person she is providing services for is using heroin as well as having bipolar disorder. Maria realises she knows very little about heroin and needs to gather additional information. First Maria accesses a government health website and reads the information regarding heroin and its effects. Then she contacts a worker at an AOD agency that she met at a networking meeting and consults with this worker regarding the interaction between heroin and bipolar disorder.



Practice task 5

1. What are three illegal substances a person with a mental health issue may use?

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2. What happens to a person when their tolerance increases?

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3. Explain two ways you can gather additional information regarding alcohol or other drugs.

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Click to complete Practice task 5

Summary

1. You will need to recognise signs that indicate a person has co-existing mental health and AOD issues. Recognition of the person involves a thorough initial assessment and the use of specialised screening tools.
2. Identify services that provide support or interventions for people with a dual diagnosis. Services that provide a person-centred approach are also useful for a person with a dual diagnosis.
3. Assess impact of mental health and AOD conditions on the person; this can include assessing the persons social, financial and legal issues that have arisen from their mental health issues and AOD misuse.
4. It is important to identify a person's readiness and motivation for change, and their priorities and goals for recovery. This will guide the intervention plan and strategies that are put in place. The person is the pivotal person in the intervention plan.
5. It is important for the AOD support worker to have knowledge regarding AOD substances, interactions and impacts to identify areas that may need addressing to provide a holistic plan for the person accessing the service.

Learning checkpoint 1

Assess capacity to support a person with co-existing mental health and AOD issues

This learning checkpoint allows you to review your skills and knowledge in assessing capacity to provide support to a person with co-existing mental health and AOD issues.

Part A

1. Explain what drug tolerance means.

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2. Describe two ways you can gather information regarding specific drugs and their interactions.

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3. Explain the five components of SMART goals.

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4. Describe three ways motivational interviewing can be useful for a person with dual diagnosis.

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5. Describe two services or support strategies that are appropriate for a person with dual diagnosis.

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Part B

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

Case study

Jill has begun providing services for Rachel, who has been diagnosed with a mental health issue. Jill identifies, after talking to Rachel, that she is currently using amphetamines. Rachel was recently arrested for possession and is worried she may lose her job if she is convicted of a drug offence. Rachel also tells Jill that she is two months behind in rent.

1. Give one reason why Rachel's co-existing mental health and AOD issues may not be identified?

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2. What are three signs Rachel might identify that indicate Jill's AOD use?

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Topic 2

In this topic you will learn how to:

- 2A Build an effective working relationship with the person**

- 2B Discuss existing services and supports and collaboration across services**

- 2C Discuss service options and approaches with the person**

- 2D Support person to make informed decisions about approaches**

- 2E Develop a plan with the person that reflects their choices**

- 2F Implement appropriate strategies, services and resources**

Provide support services to address co-existing issues

Individuals with co-existing mental health and alcohol or other drugs issues have complex, multi-faceted needs. Your role will be to work alongside the person to identify services and supports that will best meet the person's needs. You will need to ensure the person understands the service options and intervention approaches so they can make informed choices. Finally, you will work with the person to develop a plan that reflects these choices and decide on strategies and resources to support positive outcomes.

2A Build an effective working relationship with the person

A vital component of supporting individuals with dual diagnosis to make progress towards their goals is to develop quality professional relationships. Effective working relationships assist you to engage successfully with the person and to support good outcomes for them. Positive relationships are built on respect and authenticity. You will require good communication skills, and the ability to be culturally responsive to individuals. Keep in mind that effective working relationships rely on safe and professional boundaries being maintained.



Demonstrate respect

The National Practice Standards for the Mental Health Workforce (2013) suggest that 'all people have the right to be heard and treated with dignity and respect, have their privacy protected, and have their documentation treated in a confidential manner. Mental health practitioners respect the person, their family and carers, their experience, their values, beliefs and culture. They also respect diversity among people, families, carers, colleagues and communities, in areas including class, gender, culture, religion, spirituality, disability, age, power, status and sexual orientation'.

To demonstrate respect, you need to be:

- ▶ compassionate, caring and empathic
- ▶ ethical, professional and responsible
- ▶ positive, encouraging and hopeful
- ▶ open-minded
- ▶ self-aware
- ▶ culturally aware
- ▶ collaborative.

Skills to develop effective relationships

Respect starts by being genuinely interested in the person and their situation. Having a non-judgemental attitude is useful when supporting individuals with co-existing mental health and AOD issues. Here is more about developing effective relationships.

How to develop effective relationships

- ▶ Listen respectfully to the person
- ▶ Establish a supportive environment
- ▶ Value the person's lived experience, beliefs and feelings
- ▶ Demonstrate respect for the person's culture, age and gender, and understand of the impact this may have on the relationship
- ▶ Work in partnership with the person towards goals and outcomes
- ▶ Encourage participation in decision-making
- ▶ Use respectful language
- ▶ Invite feedback from the person

Example

Build an effective working relationship with the person

Pete has an appointment with Glen. Glen is clearly agitated and is pacing around the waiting area. Pete asks Glen if he would like a cuppa. When it is made, he sits down with Glen in a private space. Pete asks Glen how he is and listens respectfully while Glen tells his story. Pete uses body language and nonverbal cues to indicate that he is listening without interrupting Glen. Pete then supports Glen to identify his main concern and encourages him to decide what he would like to do next.



Practice task 6

1. Describe three ways a worker can demonstrate respect.

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2. What is an effective working relationship built on?

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Click to complete Practice task 6

2B Discuss existing services and supports and collaboration across services

Consider that any person you are working with who has co-existing mental health and alcohol and other drugs issues is likely to have had previous contact with service providers. You will need to identify existing services and discuss possible collaboration across services with the person. This is important to avoid duplication of services, to share information (with the person's consent) with other services providers, and to ensure all the person's needs are being met. It will give your work with the person more focus as you can work on areas not being covered by other service providers.



Existing services and supports

Early on in the working relationship with a person, usually during the initial assessment stage, you will need to discuss existing services and supports. A person with a dual diagnosis may already be engaged with service providers in mental health or AOD. Keep in mind that the person may also be receiving services from other specialist services like employment, health, disability, housing or legal. Discuss common service providers like the person's GP.

A person may be supported by people outside of professional service providers.

A person may be supported by people outside of professional service providers, including:

- ▶ family; for example, parents, siblings, partners and children
- ▶ friends
- ▶ clergy
- ▶ social groups; such as, book clubs or coffee clubs
- ▶ sporting groups.

Coordination across services

Once you have identified the services and supports the person receives, prepare to discuss with the person their perspective on collaboration or coordination across these services. Coordination of services usually means that one service provider will take on the role of coordination. Effectively, they will manage service provision across organisations. The benefits are that individuals only have to tell their story once and that there can be an overall service plan to ensure the best outcome for the person. Effective coordination of service provision can enhance the quality of support that the person receives and can also benefit service providers. Benefits include more efficient use of resources and improved working relationships. Ensure that the person is comfortable with coordination and gives consent before progressing.

Collaboration across services

Collaboration refers to individuals or service providers working together to deliver outcomes for the person in a way that is often more effective than working independently. You should include the benefits of collaboration for the person in your discussion. Discuss how they feel about collaboration and working together with others. It is important that the person feels comfortable with collaboration and gives consent to it occurring. Collaboration has many benefits including those listed here.

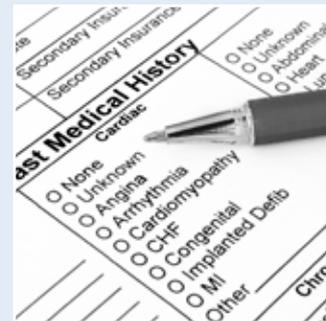
Collaboration has many benefits, including that it:

- ▶ makes it easier for the person to access more than one service to get all their needs met
- ▶ provides more holistic services
- ▶ provides easier access to clear, concise, accurate information
- ▶ ensures that the person is heard by service providers
- ▶ provides stream-lined support to meet goals and ensures that everyone is working towards the same goals
- ▶ provides opportunities to involve family, carers and friends in the recovery process
- ▶ assists in avoiding duplication of services, or gaps in services.

Example

Discuss existing services and supports and collaboration across services

John has a dual diagnosis and has come to an AOD agency to receive support for his AOD issues. His support worker, Craig, identifies the existing services that John is accessing. These include a GP, a psychiatrist, a community mental health worker and an employment services worker. He explains what service collaboration means and how it would work for John. He explains that he can, with consent, access John's records from other service providers so John will not need to repeat details to Craig. He also explains that this will allow him to understand what services John already receives so that he does not provide the same services and allows them to work together to meet John's goals.



Practice task 7

1. Explain what service coordination means.

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2. What are three benefits of collaboration of services and supports?

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Click to complete Practice task 7

2C Discuss service options and approaches with the person

You will need to discuss the service options and approaches that are available with the person with dual diagnosis. It is important that the person understands the values and models that are present in the AOD and mental health sectors and their rights and choices. This supports the person to have an understanding of their choices and how to best support their goals. While the AOD and mental health sectors have much in common in terms of values and philosophies, there are different service approaches. This means the person may have a clear understanding of options and approaches in one sector but not the other.



Strengths-based approach

The strengths-based approach is a way of working with people that recognises the resilience of individuals and focuses on the person's strengths and their potential, their interests, abilities, and knowledge, rather than their limits. Primary to this approach is being person-centred and working collaboratively with the person to identify and meet their goals. The strengths-based approach acknowledges the person's complex co-existing issues, however, it works with the person to identify their strengths and abilities to manage or change their situation. For example, it explores the person's support network like friends, family, community support and service providers. You may explore the person's knowledge of their mental health issues or AOD use and use this knowledge to progress.

Holistic approach

A holistic approach emphasises the need to look at the whole person and consider their lifestyle, their situation and their physical, environmental, emotional, social and spiritual wellbeing.

Work holistically by:

- ▶ understanding the complex needs of the person based on their dual diagnosis and other issues including their current situation and environment
- ▶ understanding how the person's dual diagnosis impacts on the person's functioning
- ▶ establishing an effective and trusting relationship with the person to enable exploration of their options
- ▶ liaising with significant people and other service providers involved with the person to support the person to identify and meet goals.

Recovery and recovery orientated practices

Recovery is a process for individuals with either/or mental health and AOD issues. Recovery means the person gains hope for the future and an understanding of their abilities. Recovery looks different for everyone and does not necessarily mean the person is 'cured'. It does mean the person is engaging in life, being autonomous, gaining meaning and purpose and feeling positive.

Your role in the recovery process is to support the person on their journey and to identify what resources they need to progress towards recovery. Recovery orientated practices are premised on the belief that people can have a good quality of life and improve their health and wellbeing. Here are some examples of recovery orientated practice.

Recovery orientated practice

Uniqueness

Recovery orientated practice acknowledges that recovery is unique for each person and involves the person's health, wellbeing, social inclusion and quality of life.

Choice

Recovery orientated practice supports the person to make choices about their lives and the support services they access. It balances duty of care with the right of the person to take risks.

Rights

Recovery orientated practice involves listening to the person to understand what is important to them. It protects the person's rights and instils hope about the future.

Dignity and respect

Recovery orientated practice involves treating the person with respect and courtesy. It is sensitive to the person's values, beliefs and culture.

Partnership

Recovery orientated practice communicates clearly, shares information and is positive. The person is an expert in their own life. The worker's role is to partner with the person to provide support.

Harm minimisation

Harm minimisation is an approach that aims to reduce the harmful effects of alcohol and other drugs. Harm minimisation is based on a belief that drug use is a part of society ranging from occasional use to dependent use. It recognises a range of harms associated with AOD use and that a variety of strategies can be used to respond to these harms. Here are the three components of harm minimisation.

Supply reduction	Supply reduction aims to disrupt production and distribution of illicit drugs.
Demand reduction	Demand reduction means reducing the demand for and the uptake of harmful drug use.

Harm reduction

Harm reduction reduces drug-related harm in the community and for the individual. This is an area you can focus on with individuals to reduce the impact of their drug use on their wellbeing.

Abstinence

Abstinence means that a person decides to not use a drug, or to stop taking the drug completely. Usually the person's plan is to never use the drug again. This is the safest option for many people with co-existing issues as it reduces the harms related to drug use. There are situations where a person may want to consider abstinence as the best option for them. This may be where there is health or mental health issues that are impacted negatively by the use of alcohol or other drugs. For example when the drug is interacting negatively with their prescribed mental health medication or when they have experienced liver damage.

**Power relations and dynamics**

You need to be aware that workers are in a position of power in relation to people receiving services. As a worker you have the ability to influence, you may have more information, and potentially have not been labelled or stigmatised. The person may have struggled to have their voice heard by workers in the past. Power in relationships is complex and things like gender, education, ethnicity and age can impact on the power dynamics of a working relationship. Power imbalances can leave the person feeling disempowered and not in control of their own life. It can impact on the trust in the working relationship. Your role as a worker is to recognise the power dynamics and to work to mitigate the imbalance through the use of appropriate language and by actively empowering the person. Here is more information about empowerment and use of language.

Empowerment

Empowerment is the process of increasing the capacity of a person to make choices and to take action. towards outcomes.

Language

Avoid using jargon that may remind the person they are unequal in the working relationship. Be aware of the labels placed on people with mental health or AOD issues and the associated stigma. Keep in mind the impact these labels can have on the person.

Access, equity, social justice and rights-based practice

Everyone, regardless of their mental health or AOD status, has the right to access, equity and social justice. Mental health and alcohol and other drugs organisations work to uphold the rights of people who receive services from them. You will need to support the person's rights in your interactions with them, and with other service providers and the community. Here is an explanation of these rights.

Access

- ▶ The concept of access means that everyone should have the ability to access the services they are entitled to and should not face barriers to receiving the services.

Equity

- ▶ Equity means that everyone should have the right to receive services, and have access to resources and supports.

Social justice

- ▶ Social justice means promoting a just society by challenging injustice and valuing diversity. All people have the right to equitable treatment, human rights and a fair allocation of the resources in the community. This means people are not discriminated against on the basis of their gender, sexuality, religion, political affiliations, age, race, belief, disability, location, social class, or socioeconomic status.

Dignity of risk

The rights of people to dignity and choice, upheld in legislation and service standards, require that the concept of duty of care or safety is not used as a reason to limit a person's freedom or personal choice. You need to adhere to your duty of care obligations and ensure the person's safety, but this must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks. For example a person may want to return to study even though they are still unwell, you may support

them to study part-time until their recovery journey has progressed. Or, the person may want to stop using prescribed medication because they dislike the side-effects. You may work with the person to do this as safely as possible.



Relapse prevention strategies

For any person making changes to behaviour there is the risk that they may revert back to the previous behaviour. This is not unusual, think about the last time you went on a diet or started an exercise regime. It is useful for you to support the person to identify strategies that will help to either prevent relapse or will assist the person to get back on track quickly. Here are some strategies to consider.

Normalise

- ▶ Acknowledge that a lapse is a normal experience and is an opportunity to learn how to avoid further relapses.

Continue motivation

- ▶ Continue to strengthen the person's motivation to change and support the person to identify the pros and cons of maintaining change.

Identify risk

- ▶ Identify high-risk situations (that include factors both internal and external to the person). This could include certain people or environments or situations.

Coping strategies

- ▶ You need to support the person to develop coping strategies and skills to avoid high-risk situations, and deal with them when they are unavoidable. This could include prearranging support from significant people such as friends and family members. It may also be about helping the person to participate in new, healthy behaviours to combat a possible lapse.

Environment

- ▶ Support the person to recognise and implement changes to the person's environment and lifestyle to minimise the frequency of high-risk situations and to strengthen their commitment to change

Positive self-talk

- ▶ Support the person to develop a phrase or two to repeat to themselves when tempted to return to previous behaviour.

Problem-solving skills

- ▶ Support the person to learn and practice problem-solving skills to use in challenging situations.

Example

Discuss service options and approaches with the person

William has been diagnosed with schizophrenia and is a heavy smoker. Recently, William has been coughing up blood and is concerned about his health. He does think that tobacco helps manage some of the side-effects of his anti-psychotic medication and is worried about stopping. Mia talks to William about how well he's been doing with his recovery journey. They identify that William has stopped smoking before and continued to manage his mental health issues. Mia discusses harm reduction strategies with William, including cutting down on his daily intake of cigarettes. She also discusses the benefits of quitting smoking completely.



Practice task 8

1. Explain strategies you could use to prevent relapse.

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2. What are the three components of harm minimisation?

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3. Explain what it means to use a strengths-based approach.

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Click to complete Practice task 8

2D Support person to make informed decisions about approaches

There are different approaches to working with alcohol and other drugs and mental health issues. It is important that you provide the person with information regarding the approaches and ensure that they understand the benefits and costs of each. You will then need to support the person to evaluate the approaches and make a decision about which approach will best meet their needs, values and goals.



Informed decisions

Informed decision-making reflects the idea that a person has the right to decide what service delivery is appropriate for them, and what reflects their beliefs, values and culture. They also know best their personal circumstances and how they would like to prioritise their goals. This also means that the person has the right to decline services or to change their minds about services. It is important that the person has clear information to make decisions that will meet their needs, and that they get the opportunity to discuss their choices and the implications of each.

You can support the person to make good decisions regarding what approaches they think will best meet their needs by discussing the options thoroughly with them. This includes talking through what resources are needed to support each approach and what service programs and providers work with each approach. It is important to discuss resources and services as this may have implications regarding costs, family or significant others support, transportation, time commitments and more.

Below are some suggestions for supporting a person to make informed decisions.

Supporting informed decisions

- ▶ Provide the person with clear, current and accurate information on each approach
- ▶ Ensure that there is two-way communication, that the person can ask questions and clarify concerns or confusion
- ▶ Ensure the information is provided appropriately in a way that meets the language, literacy and cultural needs of the person
- ▶ Consider the costs and benefits of the approach
- ▶ Consider the expected social, emotional, physical and mental outcomes

Example

Support the person to make informed decisions about approaches

Sue meets with Nazik to discuss the best approaches to work towards her goals. Sue explains Nazik’s approach options regarding her AOD issues including abstinence, or using in a way to reduce the harms that Nazik has been experiencing. Sue provides Nazik with clear information and checks to make sure Nazik understands the approaches and what services and resources will be needed for each. She then encourages Nazik to consider which option fits with her beliefs and cultural needs, and to make a decision that will best support her.



Practice task 9

1. Provide two ways you can support a person to make an informed decision.

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2. Explain what informed decision-making means.

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Click to complete Practice task 9

2E Develop a plan with the person that reflects their choices

Successful outcomes for a person with co-existing mental health and AOD issues require a plan that addresses these issues. The primary purpose of planning is to ensure the person receives the best services that meet their individual needs. You will need to document the choices the person has made and develop a plan based on these choices according to your organisation's policies and procedures. There are various processes for developing and documenting a plan that will facilitate positive outcomes for the person. The planning process should be collaborative with the person so they are empowered to participate and follow through by taking appropriate action.



Develop a plan

Planning should be a person-centred process that records the goals and aspirations of the person as well as strategies to achieve them. The plan should also document what they would like their life to be like now and into the future. Plans are the most successful when the person directs the process and makes their own choices about service provision and their lives more generally. It explores the person's needs, aspirations for their own life and their goals. It also documents how this will be achieved and identifies the supports needed that are flexible and available. Here are some examples of information that should be included in a service plan.

Issues, concerns, needs

- ▶ Clearly outline the person's mental health and AOD issues and other needs.

Goals

Work collaboratively with the person to identify and document their goals using the SMART strategy. SMART goals are:

- ▶ Specific
- ▶ Measurable
- ▶ Achievable
- ▶ Relevant
- ▶ Timed.

Outcomes

- ▶ What the person wants to achieve and how they will know when it has been achieved.

Steps

- ▶ What steps need to be taken to reach goals and who needs to be included – family, carers, friends, and service providers.

Techniques and processes to develop, document and implement a plan

It is important to clearly document the plan of action. Documenting the plan provides a reminder of goals and strategies. It is also useful to use this document to review progress towards goals. Plans can be documented in the person's case file or can be a separate document. Your organisation is likely to have planning documents that you are required to complete. In some organisations this may be done electronically. It is good practice to provide the person with a copy of the plan.

You can use a variety of techniques and processes for developing, documenting and implementing a plan of action with a person to address their co-existing issues.

Processes for developing, documenting and implementing a plan include:

- ▶ establishing a trusting, positive working relationship with the person
- ▶ communicating clearly regarding the reason for planning as well as during the planning
- ▶ including goals, strengths and needs in the plan
- ▶ gaining permission to liaise with other service providers and include them in planning where appropriate
- ▶ including significant others in the process where appropriate (family, friends, carers)
- ▶ including how communication between partners will occur (service providers, the person, significant others)
- ▶ breaking down goals into smaller, achievable steps
- ▶ ensuring regular reviews of the plan implementation.

Example

Develop a plan with the person that reflects their choices

Rachel meets with Sam, her partner and a worker from another service provider to develop a plan. Rachel supports Sam to identify a set of goals and to prioritise the goals. She then supports Sam and her partner to develop several small activities to work towards the first goal. She documents the goals, the activities and how everyone present will support Sam to achieve the goal. She places a copy of the plan on Sam's case file and provides a copy of the plan to Sam and the other worker (with Sam's consent).



Practice task10

1. List three things that should be included in a person's plan.

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2. What are two reasons to document a person's plan?

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Click to complete Practice task 10

2F Implement appropriate strategies, services and resources

Once you have developed an appropriate plan for service provision with the person with dual diagnosis, you need to work with them to implement the plan using a variety of strategies and resources. Plans are only useful if they encourage action and progress towards meeting goals and making changes. You will need to be aware of the range of services available to meet the person's needs and an understanding of how to access resources as needed.



Work collaboratively to facilitate plan implementation

It is essential for you to work collaboratively in partnership with the person to facilitate the implementation of strategies and resources. This will ensure that the person engages with the process and increases motivation to participate in activities that are part of the plan.

It may be necessary for you to facilitate access to resources during the implementation of a plan. These resources could be human or educational, or written or online. Ensure that resources are appropriate for the individual. You may need to consider language, the person's ability to process information, literacy issues, culture and age or gender issues.

Understand the impact of trauma and the person's situation and experiences when implementing the plan. You may need to find appropriate services to meet specialist needs including employment, housing, legal, health, parenting or social services.

Here are some implementation strategies.

Implementation



Problem solving

Teach the person a structured process to problem solving. This step by step process includes:

- ▶ stepping back from the problem
- ▶ defining what the problem is – be specific
- ▶ brainstorming solutions
- ▶ decision making – consider the pros and cons of each solution you brainstorm, then choose a solution and consider how to put the solution into action
- ▶ implementation – practice the solution, evaluate its effectiveness



Relaxation techniques

Ask the person what they do to relax and encourage this behaviour. Where appropriate, teach relaxation techniques like controlled breathing or progressive muscle relaxation.



Harm reduction

Find specific strategies to target the harms identified by the person. Harm reduction is practical and individual.



Referral to therapy/counselling

Support the person to access counselling, such as cognitive behavioural therapy (CBT) or other approaches that the person has chosen.



Culture

Provide access to language and cultural interpreters where necessary. Provide appropriate resources for the person's language, literacy, culture and abilities

Example

Implement appropriate strategies, services and resources

Justin has identified that he often uses marijuana because he believes it helps him to relax. Ben supported Justin to identify finding alternative strategies to manage his stress. Ben assisted Justin to look at options and strategies and then facilitated Justin to implement his plan by encouraging him to attend yoga classes and to use a mobile meditation app.



Practice task 11

1. What are three things you may need to consider when providing resources for a person?

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2. What are two benefits of working collaboratively with a person to implement strategies?

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Click to complete Practice task 11

Summary

1. An effective working relationship with the person being provided services will assist successful engagement of the person and achieve outcomes.
2. Existing services and supports need to be identified to avoid duplication of services, to ensure that the supports and services are meeting the needs of the person. By doing this, more information can be accessed to assess the impact of mental health and AOD issues on the person.
3. Inclusion of the person to determine service options and approaches is an important way to empower the individual and ensure that the person takes responsibility and accountability for following the intervention plan.
4. Individuals need to have relevant and up-to-date information to enable them to make an informed decision regarding the type of approach that will meet their needs. This involves good communication skills by the AOD support worker and research to provide the person with the details, such as cost, location and what the service offers in order for them to decide.
5. Develop a plan with the person that reflects their choices. Implement appropriate strategies, services and resources. This will involve setting goals. Goals may be broken down into smaller steps to assist the person to achieve the desired outcomes.

Learning checkpoint 2

Provide support services to address co-existing issues

This learning checkpoint allows you to review your skills and knowledge in working collaboratively to provide support services to address co-existing issues.

Part A

1. Explain why it is important for a person to understand the values and models of service provision.

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2. What are two aspects of recovery orientated practice?

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3. Describe two relapse prevention strategies.

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4. Why is it important that you work collaboratively with a person to implement their plan?

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5. What is the impact of a power imbalance in a working relationship?

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Part B

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

Case study

Lee has just started providing services with Joyce. Joyce has co-existing mental health and AOD issues. She has been diagnosed with depression and drinks alcohol because she says it makes her feel better. Lee discovers that Joyce has two DUI convictions and Joyce tells her that she has experienced times when she 'blacks out' and does not remember hours of time.

1. Describe three things Lee can do to build an effective working relationship with Joyce.

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2. List four service providers Joyce may already be engaged with.

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3. What are two ways Lee can work holistically with Joyce?

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4. What two models can Lee discuss with Joyce regarding her alcohol use?

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5. Describe two ways Lee can support Joyce to make informed decisions.

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6. Explain three techniques Lee can use to support Joyce to develop and implement a plan for change.

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7. What is Joyce's right to access?

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8. Joyce tells Lee that she wants to stop taking her anti-depressants as she does not like the side-effects she is experiencing. Explain how the concept of dignity of risk may influence Lee's response.

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Topic 3

In this topic you will learn how to:

- 3A Identify issues outside the scope of service and/or worker**
- 3B Identify service and support options with the person**
- 3C Support positive decision-making to help the person choose recovery options**
- 3D Determine referral options, responsibilities and consents required**
- 3E Make referrals in accordance with the person and organisation protocols**
- 3F Follow up and evaluate referrals to ensure they have been effective**

Facilitate links to further care

Individuals with co-existing mental health and alcohol or other drugs issues have complex, multi-faceted needs. It will not be unusual for some of these issues to be outside your scope or the scope of your service. Your role then becomes to facilitate access to appropriate support and service delivery for the person to meet their recovery goals. Referrals should be done well and with the person's consent. Good referral practice includes follow-up to ensure that the person is receiving the services they require and are making progress towards their goals.

3A Identify issues outside the scope of service and/or worker

There may be circumstances where the person is experiencing issues or requires support that is outside your knowledge, skills and/or job role or the scope of your service. You must be clear on the limitations of your abilities and service so you can seek alternative options when required.



Scope of the worker and service

Your role and responsibilities will be clearly defined in your position description. There are limits to the support you can give a person. You may not have sufficient time or the skills and knowledge, or specific training, to provide all the support a person requires. Workers who provide support that is outside of their work role could subject themselves to disciplinary action. Working outside of a work role may breach duty of care obligations or cause injury or harm to the person or worker. You must be able to identify when a person requires assistance beyond their capacity, the type of service that is required and how to access that service.

Your service will also have limitations based on funding agreements, staffing requirements and available resources. Service provision outside the scope of the organisation could have implications for funding and reporting requirements. It could also have legal implications.

Identify issues outside the scope of the service and/or worker

The person may experience issues that are outside the scope of your skills and knowledge or your service. These issues could be medical, legal, or psychological and could require specialist service provision. Consider whether you and your service have the time, resources, skills and experience to support the person's issue. For example if the person is experiencing health concerns, do they need specialist medical services? If a person has a pending court case would it be more appropriate for them to access a legal service?

Example

Identify issues outside the scope of service and/or worker

Martha is a support worker at a community services organisation. She meets with Shelley to discuss some of the issues resulting from her dual diagnosis. During their conversation, Martha becomes aware that Shelley has recently been sexually assaulted. Martha knows that she does not have the skills or experience to support Shelley with this issue. She discusses the issue with her supervisor and they decide that it is also outside the scope of the organisation.



Practice task 12

1. What are three reasons a person's issue may be outside the scope of a worker?

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2. What should you consider when identifying issues outside of the scope of the service and worker?

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[Click to complete Practice task 12](#)

3B Identify service and support options with the person

In situations where you have identified that the person is experiencing issues that are outside of the scope of your role or your organisation's scope, you will need to provide other options for the person to support them. You will need to work with the person to identify a service that is appropriate for them, or explore alternative support options with the person.



Work collaboratively

When you, or your service, cannot provide services to meet a specific issue it is your responsibility to find alternative supports. You will need to work collaboratively with the person to identify appropriate services or supports. Working collaboratively means working in partnership with the person to identify what they want and need and to find services that are in line with their beliefs, values and culture.

Here are some of the requirements of working collaboratively.

Working collaboratively requires:

- ▶ active communication including listening skills
- ▶ the ability to demonstrate respect for the person, their experiences and perspectives
- ▶ participation by the worker and the person receiving services
- ▶ current, accurate information
- ▶ recognition of the person's strengths and abilities.

Identify appropriate service and support options

In order to support the person to identify appropriate options, you will need a good knowledge of other service providers and programs that can address various issues. Your organisation may keep a service directory, or you may need to develop your own. Keep in mind that support options may not be formal services. Perhaps the person's family, friends, neighbours or community groups can provide support. For example, a neighbour might help the person with transport to the shops or appointments. A family member could support the person to learn to cook or to clean their home.

When helping a person to identify support options, consider:

- ▶ the person's identified issue
- ▶ the person's culture, language and literacy
- ▶ any costs of service provision
- ▶ location of services and transport issues
- ▶ informal supports like family or friends
- ▶ previous experiences with service providers.

Example

Identify service and support options with the person

Sandra is facing eviction and risks becoming homeless. Zoe supports Sandra to consider her service options. They discuss linking with an organisation that may be able to advocate for her with her current landlord to avoid eviction. Zoe tells Sandra she hates her current apartment and would rather live somewhere else. Sandra then helps Zoe to identify a service provider who can support her to find another home and to access financial support for a bond.



Practice task 13

1. Explain three possible requirements of working collaboratively with a person.

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2. What are four things you should consider when supporting a person to identify appropriate services?

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3. What are two possible sources of informal support for a person?

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Click to complete Practice task 13

3C Support positive decision-making to help the person choose recovery options

You will have gone through the process of supporting the person to identify a variety of service options. The next step is to support them to make a decision regarding recovery options that are in their best interest and will meet their needs. Decision-making can be difficult for many people as it often involves change. There is also the fear of consequences if a person makes the wrong decision. Your role is to ensure the person has all the information they need to make a good decision about their options, and to support them through the challenges of making a choice.



Informed choices

Each person is unique, even if they share issues and needs, so they will need to be given options to decide what will support them in an appropriate way. It is important for the person to feel they have made the best possible choice for themselves. Often people feel they would have made different choices if they had more information. Your role is to ensure that the person has all the relevant information they need to make the best possible choice for themselves. Informed choice means making a decision based on reliable information and having more than one option available.

Positive decision-making

Positive decision-making is making choices based on what a person wants to happen rather than based on fear of what could happen. This means working with the person to identify what they want, what a positive outcome would look like and making decisions based on this. Consider the following ideas when supporting positive decision-making.

Positive decision-making

- ▶ Gather accurate, current information on a range of recovery options
- ▶ Use strategies like brainstorming to identify pros and cons of options
- ▶ Support the person to prioritise needs and options
- ▶ Get feedback from significant people where appropriate
- ▶ Ensure the options align with the person's culture, beliefs, and values
- ▶ Ensure the decision will keep the person motivated
- ▶ The costs and benefits of each option should be appropriate

Example

Support positive decision-making to help the person choose recovery options

Donna and Robyn have identified a few options to support Robyn's recovery. They meet to discuss the options. Donna ensures Robyn that she has the most current information regarding the options and the approaches associated with each. They discuss the pros and cons of each option including location, costs, type of program and staffing. Robyn makes a decision regarding which option will support her recovery based on the discussion.



Practice task 14

1. What is the role of the worker in supporting positive decision-making?

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2. Explain what informed choice means.

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3. What are three ideas to consider when supporting positive decision-making?

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Click to complete Practice task 14

3D Determine referral options, responsibilities and consents required

Having worked alongside the person to identify their issues and supported them to make a positive decision regarding services and support options, you will need to determine how to make appropriate referrals to meet needs. You will need to determine together which service provider can offer the chosen support options. You will also need to determine individual responsibilities and obtain consent from the person to make a referral.



Determine referral options

It is important to work collaboratively with the person to determine which service providers offer the programs or services you have both decided on. You will need to provide the person with two or three options and then discuss them with the person to determine which is most appropriate. Here are some considerations when determining referral options.

Considerations when determining referral options

- ▶ Cultural, language and literacy issues – will the referral meet the person’s needs in these areas? Are interpreters available?
- ▶ Worker qualifications – does the service provider have staff with relevant experience and skills?
- ▶ Is there a waiting list?
- ▶ Is the person able to easily access the service?

Determine responsibilities

You and the person will need to determine responsibilities during the referral process so that it progresses smoothly and there is no confusion regarding who will undertake tasks. This includes deciding the responsibilities of the referral service provider, the person, yourself and any other significant people. Possible delineation of responsibilities are outlined below.

Person receiving services

It is the responsibility of the person receiving services to:

- ▶ attend appointments with the referral service provider
- ▶ ask questions regarding the referral process and the service provider.

Worker (you)

It is your responsibility to:

- ▶ identify the referral process of the service provider
- ▶ send relevant documentation to the referral service provider.

Referral service provider

It is the responsibility of the referral service provider to:

- ▶ set up an appointment with the person
- ▶ check referral documents and complete the referral process.

Informed consent

Informed consent in this context is a process of getting permission before sharing information or the person’s details with another organisation or worker. It is important that you ensure that the person understands what information you will be sharing, who you will be sharing it with and why you will be sharing it. You then need to gain consent. For most organisations this means completing a written document that the person signs.

Example

Determine referral options, responsibilities and consents required

Ricki has identified that she needs the support of a mental health recovery program. Karen works with Ricki to determine the service providers that have recovery programs that will meet Ricki’s needs. They determine one specific service provider and Karen identifies the referral information required. They discuss their specific responsibilities moving into the referral process. Karen gets Ricki’s consent to share information with the referral service provider.



Practice task 15

1. Describe two considerations when determining referral options.

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2. Explain what informed consent is in relation to referrals.

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Click to complete Practice task 15

3E Make referrals in accordance with the person and organisation protocols

The final step in the referral process is to make the referral. It is important to make referrals in accordance with your organisation's protocols to meet funding requirements, duty of care and legislative requirements. It is also important to consult with the person to ensure they are comfortable with the process and that they are fully informed and want to go ahead with the referral. You will also need to gain consent before sharing information.



Make referrals

You will need to make referrals following your organisation's protocols. This may include documenting the referral process, usually in the person's case notes. You will also need to identify the referral process of the service provider and follow their guidelines. You should also ensure the service provider has availability prior to making the referral, or identify the length of any waiting list so you can discuss this with the person.

Keep in mind that the service provider may want specific information to ensure the person meets their intake guidelines such as age, gender or diagnosis. You need to explain the process to the person and consult with them about going forward with the process.

Here are some aspects of the referral process.

The referral process is likely to involve:

- ▶ identifying contact information and worker details for the referral service provider
- ▶ completion of referral documentation for the referring service provider and the referral service provider
- ▶ gaining consent to share the relevant information which may include the person's details and an outline of the identified issue
- ▶ setting up an appointment for the person with the referral service provider
- ▶ introducing the person to the referral service provider, if appropriate.

Example

Make referrals in accordance with the person and organisation protocols

Steve worked collaboratively with Ross to identify an appropriate service provider. Steve accesses the service provider’s website to obtain their referral requirements and makes a quick phone call to check if there is a waiting list. He prints off a referral document, completes it with Ross and sends it back to the service provider. He puts a copy of the referral document on Ross’s case file to meet his organisation’s protocols.



Practice task 16

1. Identify three aspects of the referral process.

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2. Why is it important to follow your organisation’s protocols when making a referral?

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Click to complete Practice task 16

3F Follow up and evaluate referrals to ensure they have been effective

Successful referrals require follow-up to ensure that the person has accessed the service and that they are receiving appropriate services, or the services they expected. You will need to evaluate the referral process and the referral outcomes with the person to ensure the person's needs have been met.



Referral follow-up

When a referral is made it is useful to obtain feedback from the person about the referral. This will ensure that the person's needs are being met but will also support you and your organisation to improve referral protocols where necessary. You need to ensure that the person has taken up the referral and that it has met their expectations. In some situations it may be necessary to determine a new referral if the first option has not proved successful. You will also need to follow up with the referral service provider to ensure the referral went smoothly for them.

Referral evaluation

You will need to evaluate the success of the referral process and the outcomes for the person. Your organisation may have formal follow-up and evaluation documents or processes to use, or you may use a more informal set of questions. You should evaluate the process from the perspective of the person receiving the services, the referral service provider and yourself. You may also want to gain feedback from significant people in the person's life if appropriate.

In situations where it appears that a referral has been ineffective in meeting the person's needs, you will need to determine the reason for this. Finding out the specific reason can help you in planning any future referrals for the person. It may also change how you support the person to access a new referral organisation.

Here are some reasons why a referral may not be successful.

Unsuccessful referral

- ▶ Was the referral appropriate? Perhaps the organisation could not meet the person's needs
- ▶ Did the service provider have a welcoming environment? Could the person ask for what they needed?
- ▶ Did the person attempt to access the service at all?
- ▶ Was the person refused services?

Example

Follow-up and evaluate referrals to ensure they have been effective

Joyce supported Stuart through a referral to another service provider. Ten days after making the referral, Joyce phones Stuart to check on how the referral is going. Stuart tells her that he went to an appointment two days ago and really liked the worker. He says they have started to set some goals and he feels positive about it.



Practice task 17

1. Why is it important to follow-up with a person regarding a referral?

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2. Why is it useful to find out the reason why a referral has been unsuccessful?

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3. What are two reasons a referral may be unsuccessful?

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Click to complete Practice task 17

Summary

1. It is important to identify issues outside the scope of your own role or your service. You need to be familiar with your job role descriptions and also with the supports that your service can offer a person with mental health and AOD issues.
2. In order to identify service and support options with the person, work collaboratively with the person. This will involve good communication and interpersonal skills to build a relationship of trust with the person.
3. Empower the person to make positive decisions regarding recovery options. Having relevant and up-to-date information and education available with assist the person to make an informed choice.
4. Work collaboratively with the person to determine what the person needs in terms of referral options, responsibilities and consents. This will involve assessing and identifying what supports the person will require and making a decision on what the most appropriate options are for the person to achieve their goals.
5. Be aware of the external supports available for the person to access and the type of support they offer. Referrals need to be made in line with organisational policies and procedures. This includes using the correct documentation for making a referral and reporting to the supervisor.
6. Follow up any referrals made for the person to ensure they have been effective. After review of the referral the intervention plan may need adjusting and further referrals made if the person has not achieved their set goals.

Learning checkpoint 3

Facilitate links to further care

This learning checkpoint allows you to review your skills and knowledge in facilitating links to further care.

Part A

1. What are three things you should consider when identifying issues outside your scope or the scope of your service?

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2. Why is it important to follow up on a referral?

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3. Why is it important to make referrals in accordance with your organisation's protocols?

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Part B

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

Case study

Lily has identified that her service does not have the scope to support Sue with her legal issues.

Sue needs to attend court for possession of drugs and prostitution. Sue reports that this part of her life has finished since she has stopped taking drugs. Sue would like to address some health issues that resulted from her past activities and access some legal advice. Lily works collaboratively with Sue to identify other service options and makes a referral.

1. Describe three requirements for Lily to work collaboratively with Sue.

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2. Explain four ways Lily can support Sue to make positive decisions regarding service delivery.

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3. Describe three considerations Lily should keep in mind when determining referral options for Sue.

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Topic 4

In this topic you will learn how to:

- 4A Identify potential risks to the safety of a person, workers and others**

- 4B Identify triggers, strategies and contingency options to prevent or manage risks**

- 4C Use de-escalation techniques, conflict resolution and negotiation skills to manage conflict**

- 4D Identify emergency situations and seek immediate assistance**

- 4E Comply with legal, ethical and policy requirements for duty of care and dignity of risk**

Collaborate with the person to minimise risk

A person with co-existing mental health and AOD issues may have risks to their health and well-being or may create risks for others. Your role is to identify potential risks and to develop strategies to manage those risks.

There is always the risk of conflict arising and it is important that you use appropriate strategies to de-escalate or resolve this conflict. All risks need to be managed in a way that is compliant with legal, ethical and organisational requirements.

4A Identify potential risks to the safety of a person, workers and others

When working with a person with co-existing mental health and AOD issues, it is important to work collaboratively with the person to identify potential risks to the safety of everyone involved. This includes the risk of harm associated with using alcohol and other drugs. You will need to consider your legal and ethical responsibilities when working with dual diagnosis in terms of workers, individuals receiving services and the organisation.



People working in community services have to balance two very important rights: individual's right to autonomy and independence, and their right to a safe environment. To ensure a person's rights are met, workers have a duty of care to identify, assess and take steps to minimise or remove risks; however, they do not have a right to prevent individuals from participating in activities. Risks can relate to the person's environment and the person's health, impairment and behaviour.

Identify potential risks to safety

It is important to work collaboratively with the person to proactively identify risks to safety so that you can put strategies in place to manage or minimise the harm. A person you work with may be at risk because of their mental health concerns, their drug use, an associated medical condition, impairment or their behaviour. You have a duty of care to identify risks specific to a person's circumstances and to take steps to minimise these risks. Risk management should be incorporated into the person's individual plan.

Issues that may lead to a person being at risk include:

- ▶ weight loss or gain
- ▶ infection
- ▶ evidence of self-neglect or self-harm
- ▶ skin integrity
- ▶ behaviours of concern
- ▶ impaired judgment and problem-solving abilities
- ▶ impaired cognitive function
- ▶ evidence of abuse
- ▶ social rights infringements
- ▶ legal concerns.

Identify risks to workers or others

It is important to consider the safety of the person receiving services; however, the safety of workers and any other people accessing the organisation are also important. Individuals with dual diagnosis have multiple issues impacting on their behaviour and interactions with others. This can lead to potential harm to others. You have a duty of care to workers and others to manage or minimise any identified risks to reduce harms. You need to consider any risk posed by the person's drug use. For example, if the person is using a substance, such as alcohol or amphetamines, there is a risk of aggression that may be directed to workers, family members or others. Another example is the risk that the person may injure themselves due to impaired balance. Or, the person may forget to take medication due to decreased concentration.



Signs that a person is at risk

Not all individuals can or will verbally tell you that they are at risk; however, their physical appearance and behaviour may indicate that they are. It is important to follow-up with any signs that the person may be at risk.

Here are some signs that indicate a person may be at risk.

Attention-seeking behaviours

Attention-seeking behaviours include:

- ▶ lying
- ▶ striving for recognition
- ▶ constantly seeking sympathy
- ▶ excessive drama relating to an issue
- ▶ playing on an injury.

Self-harming or self-injurious behaviours

Self-harming or self-injurious behaviours include a person:

- ▶ poking their eyes
- ▶ hitting their head with their fist
- ▶ biting themselves
- ▶ cutting themselves
- ▶ banging their head
- ▶ slapping their thighs
- ▶ pulling their hair
- ▶ scratching or pinching themselves
- ▶ neglecting their grooming or having poor hygiene (this can limit access to the community or community facilities)
- ▶ misusing substances.

Noncompliant behaviours

Noncompliant behaviours include those that are defiant and disruptive, such as:

- ▶ yelling or singing loudly in supported accommodation
- ▶ entering other people's rooms
- ▶ making constant demands
- ▶ repeatedly asking questions
- ▶ distracting or preventing themselves and others from participating in learning and developing new skills
- ▶ refusing to participate or complete tasks.

Agitation

Behaviours include some actions that can last for an excessively long period of time, such as:

- ▶ fidgeting
- ▶ repetitive movement
- ▶ distractedness
- ▶ persistent scratching.

Aggressive behaviours

Aggressive behaviours (physical and/or verbal) include:

- ▶ hitting
- ▶ yelling
- ▶ standing over or intimidating others
- ▶ threatening others
- ▶ damaging property.

Impulsivity

Impulsivity involves acting on involuntary or uncharacteristic impulses.

Disinhibition

Disinhibition involves doing things in front of others or in public that are uncharacteristic or inappropriate and make others feel uncomfortable; for example, undressing or engaging in sexually inappropriate behaviour.

Withdrawal

Withdrawal involves not participating or responding, therefore becoming socially isolated.

Harm associated with alcohol and other drugs

You will need to discuss the possible harm related to substance use with the person. Drug and alcohol related harms result from an interaction between the substance being used, the individual and their environment. You will need to work collaboratively with the person to identify the specific risks associated with their drug use based on an exploration of the drug, the individual and the environment. Here is an explanation of these three components.

The drug	<ul style="list-style-type: none"> ▶ The person's pattern of use – how much, how often, how long, and when the drug is used ▶ The combination of drugs the person uses (both prescribed and illegal) ▶ The route of administration –smoking, consuming, injecting
The individual	<ul style="list-style-type: none"> ▶ The person's age, weight, gender and general health ▶ Their mental health and current mood ▶ Their previous experience of using the drug including intoxication, withdrawals and expectation of use
The environment	<ul style="list-style-type: none"> ▶ Where the person uses including their social setting and who they use with ▶ What rituals are associated with the drug use

Impact of long-term AOD use

Using any substance over a long period of time is likely to lead to a serious risk of harm. We know, for example, that long-term use of tobacco can lead to a number of harms including certain forms of cancer, heart disease, ulcers, asthma and death. Your role is to ensure the person has current and accurate information regarding long-term use and that they are clear on the risks. Here are some common impacts of long-term AOD use.

Alcohol

The psychoactive effects of alcohol can result in exacerbation of existing mental health problems. Alcohol may also interact with prescribed medications.

Health risks include:

- ▶ cirrhosis and liver failure
- ▶ pancreatitis
- ▶ cancer
- ▶ long-term memory problems
- ▶ heart disease
- ▶ oesophageal and stomach problems
- ▶ nerve problems.

Other issues include:

- ▶ relationship problems
- ▶ work-related problems
- ▶ legal and financial difficulties
- ▶ risk of accidents.

Tobacco

Health risks include:

- ▶ cancer
- ▶ heart disease
- ▶ respiratory disease
- ▶ ulcers
- ▶ delayed wound healing.

Other issues include:

- ▶ household fires
- ▶ financial costs
- ▶ social costs.

Cannabis

Health risks include:

- ▶ cannabis dependence syndrome
- ▶ cognitive impairment
- ▶ chronic bronchitis
- ▶ increased risk of carcinoma
- ▶ adverse respiratory effects.

Other issues:

- ▶ Cannabis use is strongly associated with other drug use disorders and psychosis. There is evidence that cannabis use may exacerbate psychotic symptoms in those with schizophrenia.

Rights and responsibilities of workers, employers and individuals who access the service

Workers in community services have rights and responsibilities including the right to be safe in their work environment. Service providers, as employers, also have rights and responsibilities towards workers and people accessing the service. Finally, individuals who are receiving services have rights and responsibilities as well.

Here are some of the rights and responsibilities of workers, employers and individuals.

Workers

Rights:

- ▶ To work in a physically and mentally healthy work environment
- ▶ Be consulted about safety issues
- ▶ To have a workplace safety representative

Responsibilities:

- ▶ You must take care of yourself and others and cooperate with your employer in matters of health and safety
- ▶ Report any identified hazards or risks

Employers

Rights:

- ▶ To be told of any identified hazards or risks by employees

Responsibilities:

- ▶ Workplace health and safety legislation requires employers to ensure that workplaces are both physically and mentally healthy for all workers. This means that employers must take action to prevent or lessen potential risks to the health and safety of workers.

Individuals accessing the service

Rights:

- ▶ To receive services in a safe environment
- ▶ To be involved in activities that are safe

Responsibilities:

- ▶ To follow safety instructions and respond to safety requests of workers

Children in the workplace

You and your organisation are responsible for ensuring, as far as practicable, the safety and health of visitors including children in the workplace. This may be when children accompany a parent with dual diagnosis to your service as they cannot access child care. Keep in mind that the person may also have older children who want or need to be involved in service planning and delivery. You will need to discuss safety issues and policies with parents and ensure they understand that they are responsible to ensure their children adhere to safety requirements. As with adults, workers have an obligation to identify possible risks and to put in place strategies to remove or manage the risks. You should also have the relevant State or Territory Working with Children Check if you are coming into contact with children in your workplace.



Example

Identify potential risks to the safety of the person, workers and others

Sonny has a dual diagnosis. He drinks regularly and has been doing so for 20 years. Leo works with Sonny to identify the possible risks that he is facing. They identify that information documented on Sonny's medication for his mental health issue indicates that alcohol will impact on the effectiveness of the medication. They also identify that Sonny has had a recent DUI and is at risk of losing his licence which will have an impact on his employment. Leo also encourages Sonny to talk to his doctor about getting a full check up to assess any damage to his health.



Practice task 18

1. What are three risks of long-term alcohol use?

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2. What are two rights that workers have in the workplace?

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3. Drug and alcohol related harms result from an interaction between what three components?

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Click to complete Practice task 18

4B Identify triggers, strategies and contingency options to prevent or manage risks

A person with co-existing mental health and AOD issues can experience and create many risks that can lead to significant harm. You can prevent risks by working with the person to identify what triggers risks and what strategies they can put in place to either prevent or manage the risks. Ideally risk management strategies will prevent any safety concerns or issues; however, where prevention is not possible it is important to manage the risk to reduce harm as much as possible.



Identify triggers

At times, a person will engage in risky behaviour to manage negative feelings or other difficulties. For example, a person may be experiencing symptoms of depression and feels better while intoxicated so chooses to drink large amounts on a daily basis. The risk in this situation is that alcohol is a depressant and is likely to make their symptoms worse in the long-term.

It is important to work with the person to identify situations or events that may trigger engaging in risky behaviour in order to put strategies in place to prevent or manage these situations. Here are some examples of triggers.

Situations of events that may trigger risky behaviour

- ▶ Relationship problems
- ▶ Mental health symptoms occurring or increasing
- ▶ Experiencing sexuality issues
- ▶ Abuse or violence
- ▶ Lack of sleep
- ▶ Conflict at work or home or school
- ▶ Money concerns
- ▶ Cultural issues
- ▶ Experiencing a trauma like chronic illness, death or loss

Identify strategies to manage risks and contingency options

It is important to identify strategies to manage risks or develop contingency options if original plans do not work out. This reduces the chance that the person will experience serious consequences to their health and other aspects of life. Risk management strategies provide workers and individuals with a structured approach to reduce risk which includes who is responsible for what actions. You also need to consider how you can reduce the consequences of the risk occurring through contingency planning.

Strategies need to be tailored to the person's needs, values, motivation and situation. Individualised strategies are more likely to have successful outcomes. Here are some examples of strategies to reduce harms.

Strategies to reduce harms

- ▶ Stay safe when intoxicated by having a sober person present
- ▶ Use in a safe environment
- ▶ Medically manage withdrawals to avoid side-effects
- ▶ Manage the amount of substance used; for example, spacing alcoholic drinks with water, or using half an ecstasy pill to gauge impact, or having an alcohol or other drugs free day each week
- ▶ Reduce harm related to method of use (access new needles, consume rather than smoke, smoke rather than inject)
- ▶ Access treatment where needed

Prevent risks and safety concerns

Preventing drug and alcohol related harms often means educating and encouraging individuals and their families or significant others to develop the knowledge, attitudes and skills to choose healthy lifestyles and promote healthy environments. It also means connecting the person to meaningful activities and relationships in the community that are not drug related. Preventing risks is the best possible outcome for anyone with a dual diagnosis as this can prevent long-term and life-threatening health conditions, the deterioration of their mental health, and legal or financial issues.



Harm minimisation strategies

Harm minimisation is a strategy that aims to prevent and reduce the harms associated with the use of alcohol and other drugs. It seeks to improve health, social and economic outcomes for individuals and the community.

Harms can be associated with the method of administration, the drug used or the environment where it is used. Harm reduction looks at addressing some of these issues. Remember that abstinence or quitting use is the most effective way

of minimising harm, however the person may not be willing or motivated to quit completely. In this situation harm minimisation looks at practical measures to reduce consequences of use. Below are some specific examples of harms and strategies to reduce harm.

Harm	Harm minimisation strategies
Suffocation	<ul style="list-style-type: none"> ▶ Use paper bags or small bottles that cannot cover nose and mouth ▶ Do not inhale directly into mouth
Choking on vomit	<ul style="list-style-type: none"> ▶ Teach other people the recovery position ▶ Never use alone
Respiratory depression	<ul style="list-style-type: none"> ▶ Never use alone ▶ Use smaller amounts
Accidents	<ul style="list-style-type: none"> ▶ Use in safe environments away from water, stairs, fires
HIV/Hepatitis C from needle use	<ul style="list-style-type: none"> ▶ Do not share needles ▶ Access clean, new needles at needle exchange or pharmacy ▶ Get tested regularly
Severe dehydration while using ecstasy	<ul style="list-style-type: none"> ▶ Drink 600ml of water per hour to stay hydrated
Overdose while using heroin	<ul style="list-style-type: none"> ▶ Participate in peer naltrexone program ▶ Do not use alone ▶ Participate in first aid programs

Example

Identify triggers, strategies and contingency options to prevent or manage risks

Toby has a diagnosed mental illness which is managed well. However, in the past he has self-medicated with alcohol or cannabis when things have been stressful. Sarah works with Toby to recognise what situations are stressful for him, such as fighting with his partner and university exams. They identify strategies that Toby can use in these situations including using meditation to relax before an exam and taking a walk when things are tense in his relationship.



Practice task 19

1. What is the most effective way of reducing drug-related harm?

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2. What are two risk prevention strategies?

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3. Describe two examples of strategies to reduce harm.

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Click to complete Practice task 19

4C Use de-escalation techniques, conflict resolution and negotiation skills to manage conflict

There will be situations where the person you are working with will become agitated or aggressive, or where there will be conflict between the two of you or between the person and significant others in their life. You will need to be able to work with the person to de-escalate any conflict and to develop resolutions that meet the needs of the people involved. An important aspect to safety and risk management is to have a 'tool bag' of strategies to manage conflict.



De-escalation techniques

In most situations you can prevent escalation of disruptive behaviour by your response to conflict. It is normal that a person may become distressed or angry with their situation or events and it is likely that you will need to manage situations like this. There is now a substantial body of evidence-based de-escalation techniques. A basic principle of de-escalation is that you cannot reason with a person who is angry or overly distressed. Your only objective is to reduce the person's level of arousal so that you can then have a rational discussion. Here are some de-escalation techniques.

De-escalation techniques

- ▶ Be in control of your own reactions and emotions
- ▶ Appear calm and self-assured (even if you don't feel it)
- ▶ Use a low monotonous tone of voice, do not try to yell over the person
- ▶ Avoid being defensive or judgemental
- ▶ Be respectful while setting limits or calling for help if necessary
- ▶ Do not argue – try to give choices and empower the person
- ▶ Empathise with the person's feeling, not their behaviour
- ▶ Use short sentences and a simple vocabulary
- ▶ Use repetition – repeat your message until it is heard or understood
- ▶ Listen actively to the person

Body language

- ▶ Encourage the person to sit, then sit with them
- ▶ Allow extra physical space between you and the person – respect the person’s personal space
- ▶ Do not maintain constant eye contact
- ▶ Avoid smiling as it could be construed as mockery
- ▶ Do not touch the person
- ▶ Keep your hand visible and unclenched

Alternative behaviours

- ▶ Suggest alternatives like having a coffee or water
- ▶ Suggest meeting at a later time or another day
- ▶ Suggest a time out like a walk

Conflict resolution

A conflict is a situation when the interests, needs, goals or values of two or more people are different. It is not unusual for a person with co-existing mental health and AOD issues to develop conflicts with family, friends, work colleagues and workers. Resolving conflict effectively can have the benefit of people understanding each other’s perspectives and situations better. It may also support the person to understand themselves better. Here are some conflict resolution strategies.

Win/win approach

A co-operative approach to conflict rather than an adversarial approach where there is a winner and a loser. The win/win approach is based on:

- ▶ addressing each person’s underlying needs then building solutions that acknowledge and value those needs
- ▶ recognises individual differences and encourages an openness to changing one’s position in the light of shared information and attitudes
- ▶ focusing on the problem not the individual

Creative response

The creative response to conflict is about turning problems into possibilities. It encourages people to:

- ▶ consciously choose to see what action can be taken rather than focusing on the negatives
- ▶ choose to make the best of a situation
- ▶ focus on learning rather than perfection.

Empathy

Develop skills to demonstrate understanding of feelings and experiences. Active listening is a useful tool to reduce emotional intensity. Once the emotional level of the conflict has been reduced, reasoning abilities can function more effectively.

Negotiation skills

Negotiation means settling differences between two or more people. Through this process either compromise or agreement is reached while avoiding serious arguments. Key negotiation skills include good communication skills, listening, questioning, clarifying, problem-solving skills, decision-making skills and the ability to build rapport.

Here are the stages of negotiation.

Stages of negotiation

- ▶ Preparation – time, place, participants
- ▶ Discussion – each person puts forward their point of view
- ▶ Clarification of goals – the goals, interests and viewpoints of everyone is clarified
- ▶ Negotiation – working towards an outcome where all parties feel they have gained something or a compromise has been reached
- ▶ Agreement – an agreement is reached
- ▶ Implementation – the agreed decision is followed through

Example

Use de-escalation techniques, conflict resolution and negotiation skills to manage conflict

As soon as Daphne walks into the room Vera begins to yell at her. She is angry about having to wait, and angry with ‘inconsiderate people like you and my family’. Vera tells Daphne that she understands she is upset in a calm, low tone. She suggests Daphne might like to sit down and offers to get Daphne a cup of tea so they can talk about what is going on. Daphne takes a deep breath, sits down and says a tea would be nice.



Practice task 20

1. Provide four examples of how you can demonstrate being in control of your reactions and emotions.

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2. What are three negotiation skills?

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3. Describe the win/win approach.

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Click to complete Practice task 20

4D Identify emergency situations and seek immediate assistance

A person with co-existing mental health and AOD issues can face risks that are an immediate threat to their health or life. You need to be able to identify emergency situations and respond to these situations appropriately. There may also be situations where the person's behaviour escalates to an extent that puts themselves or others at serious risk. Again, you will need to be able to respond appropriately and gain assistance for the person, yourself or others.



Identify emergency situations and seek assistance

Emergency situations can occur from time to time when someone has a dual diagnosis. The emergency can be related to the person's mental health or to the alcohol or other drug use. It is vital that you respond to emergency situations by seeking appropriate assistance. This could be assistance within your organisation, such as a supervisor or manager or specialist worker. It could mean calling an ambulance, a psychiatric emergency service or the police. Here are some examples of emergency situations.

Emergency situations

- ▶ The person is intoxicated creating an emergency situation (this could include becoming aggressive or having an accident)
- ▶ The person shows signs of self-harm or suicidal tendencies
- ▶ The person shows signs of over-dosing or passes out
- ▶ The person shows symptoms of psychosis or is having another psychiatric emergency and is behaving in risky ways
- ▶ The person is threatening to harm another person or is behaving in a way that puts dependent children at risk
- ▶ The person is showing life-threatening withdrawal symptoms

Example

Identify emergency situations and seek immediate assistance

Rick arrives at a service and heads into the toilet. The receptionist notices that he has not come out after 10 minutes and calls Ross to check on him. When Ross goes into the bathroom he finds Rick on the floor with a tourniquet around his upper arm. Ross checks and finds that Rick is breathing shallowly but is unconscious. Ross asks the receptionist to call an ambulance, places Rick in the recovery position and monitors his condition until the ambulance arrives.



Practice task 21

1. What are two emergency situations that could occur when working with dual diagnosis individuals?

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2. List three sources of assistance.

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Click to complete Practice task 21

4E Comply with legal, ethical and policy requirements for duty of care and dignity of risk

As a worker in the community services sector, you will need to comply with the policies of your organisation, the ethical standards of the sector and the legal requirements in your jurisdiction. This includes industry codes of practice and practice standards, international human rights obligations and duty of care requirements.



Legal considerations when working with co-existing mental health and AOD issues

There are legal requirements that are relevant to all community services workers; however, those working with mental health or AOD issues need to be aware of specific legislation relating to these areas. Legislation applies to how individuals receiving services are treated and sets out consequences for certain behaviours. You will need to explore legislation in your state or territory to get the most current information. It is essential that you meet all legislative requirements when working with dual diagnosis individuals to ensure you are providing the best services and not breaking the law. Specific legislation provides guidelines and information relating to how individuals with co-existing issues should be treated, consequences of using illegal substances or being in possession of them, and consequences for providing legal substances to minors or driving under the influence. You should be aware of the following types of legislation.

Mental health legislation

Every state and territory has key legislation relevant to the provision of care and treatment of people with a mental illness. Mental health legislation ensures a regulatory framework for mental health services and other providers of treatment and care. It also ensures that people with mental health issues are afforded protection from the often-devastating consequences of mental illness. Here is legislation found in each state/territory:

- ▶ *Mental Health Act 2015 (ACT)*
- ▶ *Mental Health Act 2007 (NSW)*
- ▶ *Mental Health Act 2014 (VIC)*
- ▶ *Mental Health Act 2000 (QLD)*
- ▶ *Mental Health Act 2013 (TAS)*
- ▶ *Mental Health Act 2009 (SA)*
- ▶ *Mental Health Act 2014 (WA)*
- ▶ *Mental Health and Related Services Act 1998 (NT)*

Alcohol legislation

Alcohol laws regulate the sale and consumption of alcoholic beverages. This includes age restrictions, alcohol blood levels when driving, public drinking or dry zones and serving of alcohol.

Other drugs legislation

Legislation relating to other drugs:

- ▶ provides regulation of prescribed medication
- ▶ legislates what substances are restricted or illegal
- ▶ outlines consequences for possession, cultivation and sale of illegal substances

Policy requirements and frameworks

Your organisation will have a policy framework which provides you with guidance on how to provide services for individuals. The organisation's policies and procedures will be based on relevant legislation and practice standards. You are required, as a worker, to follow the policy requirements of the organisation. This ensures that the services you provide are in-line with legislative and practice standards requirements. For example, it will guide you on your duty of care to individuals, your responsibility to provide services free of discrimination, or your right to have a smoke-free workplace.

Codes of practice

Community services workers and organisations have legal and ethical requirements when working with people. Legal requirements are set out in legislation and organisations will have policies that inform workers how to implement the legislation. Ethical requirements are often not legislated but may be part of a code of practice, service standards or organisational policy. Working ethically requires you to protect the rights of the people you work with, to treat people with respect and dignity and to work within the standards of the sector.



You can read an example of a code of practice and a code of ethics at the following sites:

- ▶ <https://aspirelr.link/mhc-wa-strategic-direction>
- ▶ <http://aspirelr.link/acwa-code-of-ethics>

Work role boundaries

All community services workers have clearly defined work roles and it is important, for both the wellbeing of the worker and the people they provide support to, that they work within these roles. Working outside of your work role boundaries can breach your duty of care to those receiving services, yourself and your organisation. You may also be in breach of workplace health and safety legislation.

Work roles will clarify what the worker is responsible for in supporting a person. For example, a person may need support with their nutrition. In some work roles the worker will assist the person to plan and cook healthy meals. Another worker's role may be to cook meals for the person, or a worker's role may be to find a service that can support the person with their nutrition, such as a service that delivers ready-cooked meals.

It is important that you understand your work role and the limitations of your role. For example, your role may require you to support a person with a mental health issue to attend a coffee club, but your work role does not support providing direct counselling to the person.



Discrimination legislation

Discrimination means treating different categories of people in an unjust or prejudicial manner especially on the grounds of race, age or sex. In Australia there are Commonwealth and State laws that make it illegal to discriminate on the basis of age, disability, gender, or race. You are required to work within this legislation.

Age Discrimination Act 2004 (Cth)

This legislation aims to:

- ▶ stop discrimination based on age
- ▶ protect everyone's legal rights regardless of their age
- ▶ help others understand that everyone has the same rights
- ▶ remove barriers that stop older people from joining in work activities and being part of society
- ▶ remove stereotypes and false beliefs about older people.

Racial Discrimination Act 1975 (Cth)

This legislation aims to:

- ▶ promote equality before the law for everyone, regardless of their race, colour or ethnic origin
- ▶ make discrimination against people on the basis of their race, colour, descent or national or ethnic origin unlawful.

Sex Discrimination Act 1984 (Cth)

This legislation aims to:

- ▶ prevent discrimination based on gender or marital status
- ▶ prevent sexual harassment.

Disability Discrimination Act 1992 (Cth)

This legislation aims to:

- ▶ prevent discrimination on the basis of disability
- ▶ promote fairness to individuals who have a disability and their families.

Mental health and AOD practice standards

Practice standards are guidelines used to determine what a worker should or should not do. Standards provide workers with a benchmark for practice. For example, they outline what ethical practice is, or the rights of individuals receiving services.

Workers providing services for individuals with co-existing mental health and AOD issues can be guided by relevant practice standards that are outlined below.

National standards

- ▶ The National Practice Standards for the Mental Health Workforce were developed to strengthen the workforce and to outline the values, attitudes, knowledge and skills required to work well with individuals with mental health concerns. These also cover, in part, working with individuals with AOD issues.

Community standards

- ▶ Community work practice standards are designed to promote excellence in community work practice and provide a guide to all community work practitioners including those in mental health and AOD.

AOD standards

- ▶ While there are currently no practice standards for those working with dual diagnosis, the National Drug Strategy has released guidelines on the management of co-occurring alcohol and other drugs and mental health conditions which outline good practice working in this complex area.

Human rights for individuals who receive services

According to the United Nations, 'human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible'.



Basic human rights include the right to life, equality before the law and freedom of expression; economic, social and cultural rights, such as the rights to work, social security and education. You have a responsibility to ensure the human rights of the person you are supporting are upheld.

You can access resources to assist you to support human rights at:

- ▶ <http://aspirelr.link/human-rights-commission>

Duty of care

A duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to the person. This principle is based on the worker taking reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must think ahead about possible risks or dangers to the person using your service, co-workers or others while making sure you follow the organisation's policies and procedures.

Community services organisations and workers have a responsibility to provide a duty of care to ensure the safety and wellbeing of people in receipt of their services. Legislative and regulatory obligations underpin an organisation's policies, which determine the procedures to guide service delivery that promotes and enhances the safety and wellbeing of people. Here is more information about duty of care.

Duty of care

- ▶ Duty of care is the obligation a person 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 a person or property ensues. 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. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.

Dignity of risk

Community services work recognises the right of a person to try new things, to take risks and to fail. Dignity of risk respects the person's autonomy and right to make decisions affecting their health and well-being. This may be decisions about what treatment to accept, dietary decisions, decisions regarding what exercise activity to participate in, and what environment the person wants to live in. Your role is to put in place, as much as possible, risk management strategies so that the person can make decisions independently.

Privacy, confidentiality and disclosure

When discussing a person's situation, always be aware of maintaining their privacy. Workers have an obligation to protect confidential details. Workers always need the person's consent to talk about their situation to other workers or to other service providers.

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information but this is generally only when a worker becomes aware that the person is being harmed, or at risk of harming themselves or someone else.



You can read more about privacy, confidentiality and disclosure at the following sites:

- ▶ <http://aspirelr.link/aacqa-privacy-policy>
- ▶ <http://aspirelr.link/law-handbook-privacy-confidentiality>

Informed consent

Informed consent means participating in the process of getting permission before providing services or sharing a person's information or details with another worker, service provider or significant other. The person must understand what they are consenting to and must have all the information they need to make a decision. The information must be accurate and current.

Mandatory reporting requirements

In some circumstances workers are required, by law, to report abuse, neglect or violence. Each state and territory has their own legislation regarding mandatory reporting. The main differences are regarding who must report and what types of abuse or neglect must be reported. It is your responsibility to be aware of your mandatory reporting obligations and to follow both legislative obligations and the policies of your organisation. You must be alert to and aware of your reporting obligations in relation to:

- ▶ elder abuse
- ▶ abuse of people with disabilities
- ▶ domestic violence
- ▶ child abuse or neglect
- ▶ suspected abuse or neglect of any person.

Example

Comply with legal, ethical and policy requirements for duty of care and dignity of risk

Ray has been living in a caravan with a friend who is an alcoholic, for the last two years. Bob explores with Ray whether this arrangement is suitable. Ray tells Bob that he finds it hard to abstain from drinking while living with this friend but that he does not have any other option.

Ray and Bob agree that Ray would benefit from a referral to a housing service. Bob asks Ray for his consent to share his details and information with the referral service provider. He showed Ray the referral form and explained what information will be included in the referral. Ray agrees to the referral and signs a consent form.



Practice task 22

1. Explain duty of care.

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2. Describe two areas that mental health legislation covers.

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3. Give two examples of what your organisation's policy framework will guide.

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Click to complete Practice task 22

Summary

1. When working with a person with co-existing mental health and AOD issues, it is important to work collaboratively with the person to identify potential risks to the person, workers and others.
2. Prevent risks by working with the person to identify triggers and strategies to either prevent or manage the risks. Where prevention is not possible it is important to reduce harm as much as possible.
3. Use de-escalation techniques, conflict resolution and negotiation skills to manage conflict.
4. Seek immediate assistance in emergency situations. This may involve notifying the appropriate emergency service such as an ambulance, a psychiatric emergency service or the police.
5. There are many legal and ethical responsibilities to be aware of including compliance with government legislation as well as organisational policies and procedures in regards to discrimination, dignity of risk, duty of care, human rights, informed consent, mandatory reporting, privacy, confidentiality and disclosure and work health and safety rights and responsibilities.

Learning checkpoint 4

Collaborate with the person to minimise risk

This learning checkpoint allows you to review your skills and knowledge in collaborating with the person to minimise risk.

Part A

1. Provide five possible triggers that could lead to risky behaviour.

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2. If there is an emergency situation, such as a person indicating that they are having thoughts of suicide, what is an appropriate response?

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3. List four specific de-escalation techniques you could use to manage conflict.

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4. Why is it important for you to work within your role boundaries and your organisation's policy framework?

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Part B

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

Case study

Justine has some mental health concerns and has also been using cannabis for almost seven years. Justine has two young children who she sometimes brings to appointments. Justine has just had a warning from her boss regarding her work performance. She tells her community services worker Sandy that this is due to having smoke breaks to use cannabis during the work day which leaves her sleepy. Justine tells Sandy that she hates her job anyway and wants to quit and return to university to study. Sandy and Justine begin to work collaboratively to identify and manage harms.

1. What are four risks of harm that Sandy might identify with Justine due to her long-term cannabis use?

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2. What are three rights and responsibilities that Sandy has in her workplace?

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3. Identify one specific piece of legislation and one practice standard that Sandy should apply when working with Justine.

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4. What are Sandy's obligations regarding Justine's privacy and confidentiality?

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5. Explain Sandy's duty of care and duty of risk in relation to Justine.

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6. What are two harm minimisation strategies Sandy could discuss with Justine?

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7. What are Sandy's responsibilities towards Justine's children when she brings them to appointments?

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Topic 5

In this topic you will learn how to:

- 5A Record services provided, decisions made and follow-up actions**

- 5B Communicate information to stakeholders with the person's consent**

- 5C Reflect on own role and use learning to enhance future practice**

- 5D Seek advice, supervision and debriefing from your workplace supervisor**

Review and report on support provided

Documenting service provision is useful to support good service delivery and to ensure that decisions are followed through. It also allows you to communicate information effectively with other stakeholders where appropriate.

An important work practice is taking opportunities to reflect on your role in service delivery and to develop your skills and knowledge as a worker. Alongside this, you should seek out opportunities to debrief with your supervisor after incidents or challenging events. You should also seek advice from a supervisor or more experienced staff member as well as participate actively in supervision.

5A Record services provided, decisions made and follow-up actions

A requirement of every community services organisation is to keep accurate and current records for each person who is provided with services. It is particularly important to keep good records for individuals with co-existing mental health and AOD issues to ensure that their complex needs are met. You and your organisation will also need to ensure that records are kept in accordance with legal and ethical considerations.



Develop and maintain records

You will need to develop and maintain records of the services provided to a person. This is important to ensure that the person is receiving the best possible service provision and that all stakeholders are following through on their responsibilities. Usually this is done in the person's case file; however, your organisation may have other planning or delivery recording requirements. In collaboration with the person, you will need to document the person's details, goals, decisions and any follow-up that has taken place. Records can be used by other workers, supervisors and health care providers to see how service provision has progressed, what planning and decisions were made and what strategies will be used to meet goals.

You may also be required to prepare reports of various kinds including risk assessments, service data or incident reports. Your organisation will have procedures and requirements regarding reporting. Your manager, senior management and auditors can also refer to the documentation recorded to make sure your organisation is providing the sorts of services expected under relevant legislation and standards.

Meet ethical requirements

Professional ethical standards require that a person's records use objective language based on fact and observation. Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability and ensures individuals are described in ways unaffected by judgements, stereotypes, assumptions or opinion. You also need to ensure the language you use suits the audience. Each sector of community services often has its own jargon – special words or expressions used by staff. To ensure clarity, avoid abbreviations, acronyms and jargon.

Here are some examples of objective or factual information compared to subjective information.

Objective versus subjective language

Objective: Mrs Smith stated, 'I am feeling depressed'.

Subjective: Mrs Smith seemed depressed.

Objective: Alex rose quickly, slammed the door and raised his voice.

Subjective: Alex acted aggressively.

Objective: When Tam was asked about her relationship with her parents, she avoided the question.

Subjective: Tam didn't want to answer when I asked about her parents.

Objective: Mark uses heroin regularly.

Subjective: Mark is a drug addict.

Objective: Mr Thompson requires full physical assistance with meal preparation.

Subjective: Mr Thompson is unable to cook for himself at home.

Records management

Well-maintained records management supports the delivery of quality person-centred services. It is a requirement under privacy legislation that records are kept securely whether they are electronic or hard copies, in locked cabinets or password protected records.

Good records management requires:

- ▶ being kept up to date
- ▶ appropriate policies and procedures that are followed by workers
- ▶ organised files to ensure that information is easy to access
- ▶ records to be securely stored when not in use
- ▶ audits to ensure files are complete and accurate.

Follow-up actions

It is important that you work in collaboration with the person to follow-up on any decisions that are made or any actions taken. This is to ensure that you are meeting the needs of the person and supporting them to meet their identified goals. It will also encourage the person to remain motivated to continue with any strategies or actions chosen. It is also an opportunity to ensure that other stakeholders like service providers or family members are taking the actions they agreed to.

Example

Record services provided, decisions made and follow-up actions

Laura has met with Richard earlier in the day. She sets aside time to record the decisions that were made during their meeting the same day so she will remember the discussion accurately. When the notes are complete, Laura places them in Richard's case file and returns the file to a locked filing cabinet.



Practice task 23

1. What is objective language based on?

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2. List three requirements of good records management.

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[Click to complete Practice task 23](#)

5B Communicate information to stakeholders with the person's consent

In order to provide services that support the person to meet their goals, you may need to communicate information to other stakeholders. Information should be communicated in a format and language that suits the specific stakeholder to ensure that there is shared understanding of the decisions, goals and needs.



Communicate to colleagues and others

You should always get the person's consent before communicating any of their information, whether within your own organisation or to external stakeholders. The person needs to understand what information you will be sharing and why it is necessary. Here are some possible reasons to share information with colleagues and other people working with the person.

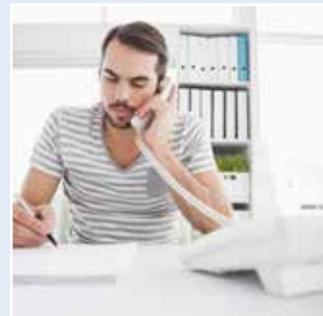
Reasons to share information with colleagues and others

- ▶ The person needs a referral to another service provider
- ▶ You need to discuss progress in your own professional supervision
- ▶ The person requires support from another worker within your organisation
- ▶ There has been an incident or safety concern that needs to be reported
- ▶ There is a situation where mandatory reporting is required

Example

Communicate information to stakeholders with the person's consent

Cain is going on leave for four weeks. He gains Chris's consent to share his information with Sam who will cover for Cain while he is on leave. Cain explains to Chris that Sam will support him to work towards his current goal and will be his contact if he needs support.



Practice task 24

1. How should information be communicated to stakeholders?

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2. What are three reasons that you may need to communicate information to a colleague or other service provider?

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Click to complete Practice task 24

5C Reflect on own role and use learning to enhance future practice

One of the most powerful ways to ensure that you are providing best practice services to people is to reflect on your role in providing individuals with services. Not only is this an excellent way to evaluate your service provision, it also provides you with an opportunity to learn from mistakes and enhance your strengths. You can reflect on your own, with peers or in professional supervision. You may find it useful to use a combination of the above options depending on your organisation and the situation. Self-reflection, however, is vital to improving practice.



Reflective practice

Reflective practice is a term used to describe thinking and evaluating your work experiences to improve the way you work. This acknowledges the importance of continually learning and improving throughout your career. Here are some requirements of reflective practice.

Reflective practice requires:

- ▶ you to be honest with yourself (and your supervisor)
- ▶ commitment to take the time to reflect
- ▶ motivation to improve your work practice
- ▶ practice – you get better at it when you do it regularly.

Reflect on your service provision

Reflecting on your service provision can increase your confidence as a worker and ensure that you are proactive in building on strengths and increasing skills and knowledge. It also ensures better outcomes for the people you work with.

Here are some components of reflective practice.

Reflective practice involves:

- ▶ exploring an experience to identify what happened and why it happened
- ▶ identifying your role in the experience including your behaviour, your emotions and your thoughts
- ▶ identifying the context for the experience and what impact that had
- ▶ considering whether it was a positive or negative experience
- ▶ considering what you could have done differently.

Example

Reflect on own role and use learning to enhance future practice

Earlier in the day Rosie was involved in a situation where a person receiving services grew agitated and defensive and finally left the organisation without receiving the services they required. When she has time, Rosie reflects in her supervision journal on the event. Rosie finds that writing about a situation helps focus her reflection. Rosie writes about what happened and what her role was in the situation. She then thinks about what she could have done differently and realises that it would have been useful to de-escalate the situation. She also realises that she does not feel confident that she has the skills to do this. Rosie brings this to her professional supervisor and they incorporate this in her training plan.



Practice task 25

1. Define reflective practice.

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2. What are three components of reflective practice?

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3. What are three options regarding where you can reflect on practice?

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Click to complete Practice task 25

5D Seek advice, supervision and debriefing from your workplace supervisor

Professional supervision can be an important opportunity to reflect on your practice and to put in place strategies to improve and grow. It should also be a safe place to seek advice from someone with more experience and skills than you. Supervision also provides you with a place to debrief after a critical incident or challenging situation.



Professional supervision

Professional supervision should be a regular forum for reflection and learning. It will usually include you and your supervisor and should be supportive and a safe space. This is not to say you will not be challenged when reviewing practice of course. It is your responsibility to participate actively in supervision and come to sessions prepared in order to benefit from the process. Supervision needs to be based on your needs and professional development.

Here are the components of supervision.

Education

Attention is given in supervision to developing knowledge, understanding and skills that will improve the practice of the worker and increase their satisfaction in the workplace. This reflective activity is an opportunity for you to learn from your supervisor or to put place learning strategies in place.

Support

Supervision is a space where you can reflect and become aware of how your work is affecting you. This leads to thinking about how your responses and emotions are impacting on the work you do. You should seek advice from your supervisor on self-care and managing reactions in supervision.

Accountability

You will need to identify how your work stands in relation to the standards for practice and your organisation's policies and procedures. You can reflect on how you meet the ethical and legal standards and your responsibility for outcomes for people receiving services.

Debrief

Debriefing refers to taking time, usually with a supervisor, to examine a specific event that has taken place. In most cases this refers to a critical incident, but can also refer to a particularly challenging event for you. The idea is that debriefing with a supervisor, or peer, can reduce the negative impact of the situation. Debriefing usually includes describing the event, discussing the emotional impact of the situation at the time, reviewing your reaction to the event and deciding how to move forward. This can include a discussion on how the situation could have been managed differently.

Example

Seek advice, supervision and debriefing from your workplace supervisor

April is a relatively new worker. She meets with her supervisor every two weeks for supervision. April comes prepared with questions regarding practice and specific situations with the people she is supporting to seek advice from her experienced supervisor. Her supervisor checks in at the beginning of every session to see how April is feeling about her work.



Practice task 26

1. Describe two benefits of supervision.

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2. Explain debriefing.

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[Click to complete Practice task 26](#)

Summary

1. It is important to keep accurate and current records for each person who accesses the service to ensure that the complex needs of individuals with co-existing mental health and AOD issues are met. You and your organisation must also ensure that records are kept in accordance with legal and ethical considerations.
2. It is important to work collaboratively with other stakeholders to ensure information regarding the progress of the strategies is communicated to all involved with the person. Informed consent needs to be obtained from the person to disclose personal and confidential information except in special circumstances. Communicate effectively to relevant stakeholders.
3. As part of your professional responsibilities it is important to reflect on your interactions with people accessing the service and your professional duties that you undertake. Using reflection allows you to identify strengths and areas where additional support is required.
4. Reduce stress in the workplace by seeking supervision, advice and opportunities to debrief. These activities will assist you to work collaboratively with others as part of the team.

Learning checkpoint 5

Review and report on support provided

This learning checkpoint allows you to review your skills and knowledge in reviewing and reporting on support provided.

Part A

1. Describe three aspects involved in reflective practice.

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2. Name a situation where you might need to debrief with a supervisor.

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Part B

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

Case study

Monica has just met with Craig during which Craig made decisions regarding a goal and service provision.

1. Explain one way Monica can record Craig's decisions and one legal obligation she has regarding his records.

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2. Describe three reasons why Monica may need to share Craig's information with other stakeholders.

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