

CHCMHS004

Work collaboratively with the care network and other services

Release 1

Learner guide

Aspire version 1.3



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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
Release 1, version 1.3	November 2019	Updated in line with changes to the Home and Community Care (HACC) program.

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CHCMHS004 Work collaboratively with the care network and other services Release 1

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Before you begin

This learner guide is based on the unit of competency *CHCMHS004 Work collaboratively with the care network and other services*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

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

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help <div data-bbox="1163 1328 1353 1608" style="text-align: right;">   <p style="font-size: 8px; margin-top: 2px;">V1234</p> </div>
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

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

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

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

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

What do you already know?

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

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Identify and build resilience and capacity in the care network	1A Identify scope and membership of care network and community	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Clarify roles and importance of care network and determine positive impacts	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Expand or strengthen care network and increase community participation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Assist the person to uphold their rights and build resilience and capacity in their network	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Develop effective working relationships with other services	2A Establish networks to increase service options	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Review local services for contribution to the recovery process	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Clarify individual, team and multidisciplinary roles	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Establish, negotiate and document partnerships	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Develop working relationships with local service providers	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Identify role limits and make referrals to other services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Review and monitor services provided by other organisations and programs	3A Collaborate to review referrals and services offered	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Identify gaps or additional services needed	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Negotiate and advocate to ensure programs meet individuals' recovery goals	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Identify and address difficulties experienced with the services	<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 Identify scope and membership of care network and community**

- 1B Clarify roles and importance of care network and determine positive impacts**

- 1C Expand or strengthen care network and increase community participation**

- 1D Assist the person to uphold their rights and build resilience and capacity in their network**

Identify and build resilience and capacity in the care network

In the last decade there has been a growing movement by recipients of mental health services and their supporters to take more control of their treatment and care. There has been a shift from a medical model where people were considered 'patients', to a model where they are actively involved in decision-making. This model enhances self-determination and improves outcomes. Services have been affected by shifting community attitudes, government legislation (such as anti-discrimination legislation), duty of care, organisational values and human rights standards such as the United Nations Declaration on the Rights of Disabled Persons. Work practices and models have been developed that reflect these requirements and include several different approaches.

Today the recovery oriented model is the most frequently used and acknowledges that people living with mental health needs experience a continuum of recovery. This perspective reflects the shift in mental health care from people with mental illness being powerless within the mental health system, to being experts who require support services to achieve their recovery oriented goals.

1A Identify scope and membership of care network and community

Mental health workers have a responsibility to develop a good understanding of resources from within their own organisation and from external agencies such as community service organisations. They also have an ethical obligation to ensure that individuals understand the services and supports to be provided. This may include using problem-solving skills to facilitate understanding when there are barriers such as illness symptoms or medication side effects. Workers must also ensure they obtain informed consent from individuals before commencing support activities.



By having a good understanding of the individual and the available services, a support worker can identify the scope and membership of the care network and community, and thereby empower the individual to achieve their goals and participate in their community of choice.

Care network and community

Each individual will require a range of supports that will be met through their care network. For this reason it is important for a care support worker to identify the individual needs and goals of the person so that they can then identify the membership required to meet those needs. The worker might also ask the individual about their, skills, talents, interests and activities, and about people who are meaningful to them, in order to establish the scope of membership in their care network. The support network will have a diverse membership comprising formal and natural supports.

The aim of the support network is to help the individual to live an empowered life and provide opportunities to participate fully in their community of choice. The individual's community of choice will often be influenced by their talents and interests. It is therefore important for the support worker to identify activities that the individual finds pleasurable and that they have established skills to participate in.

Membership of a care network may include:

- ▶ parents
- ▶ siblings
- ▶ grandparents
- ▶ friends
- ▶ players on a sporting team
- ▶ members of a musical group or band
- ▶ GP
- ▶ care-coordinator
- ▶ psychologist
- ▶ allied health team.

Historical and social contexts

The nature of mental health work has changed. During medieval times people with mental illness were tortured and isolated to control them and their behaviour. Treatments included chaining people up in small cells or throwing them into the freezing sea to shock the illness out of them.

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

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

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

Changes in mental health support and services

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

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

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

- ▶ science and medicine – new drug treatments that are more effective with fewer side effects, and increasing research into behavioural therapies
- ▶ social integration – services that match the person’s needs, and increased social involvement in the community
- ▶ politics – government policies that support moving people from hospitals into community-based settings
- ▶ economics – increased funding directed towards mental health needs.

Social changes in the mental health sector

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

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

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



Political changes in the mental health sector

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

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

You can read the *National standards for mental health services 2010* on the Australian Government Department of Health website:

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

Recovery oriented practice

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

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

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

Factors conducive to recovery (Ellis and King, 2003)

- ▶ Knowledge and acceptance that one has an illness, which often includes assuming a degree of personal responsibility for emotional wellbeing
- ▶ Appropriate medicine use
- ▶ Spirituality, which contributes towards hope or provides a sense of purpose
- ▶ Collaborative treatment planning, which creates a sense of partnership in managing the illness
- ▶ Self-monitoring and participation in management of illness
- ▶ Strengths-based interventions
- ▶ Informal support networks including family and friends

The recovery model in practice

A recovery oriented practice is widely used to support a person living with mental illness, assisting them to identify services and strategies that support empowerment and recovery. There are several key principles underpinning the recovery model in practice.

The recovery model:

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

Develop a recovery program

It is essential for you to involve the person in developing and administering their own recovery program. Not only does this involvement give them the opportunity to choose services and strategies that meet their needs, but it also reinforces the person's self-determination and respect.

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

Key factors in developing an individual recovery program include:

- ▶ the person's input
- ▶ education
- ▶ individual rights
- ▶ mutual relationships
- ▶ personal responsibility
- ▶ self-advocacy
- ▶ hope
- ▶ support.

Health promotion and prevention

The focus of today's mental health care sector is strongly around health promotion. When applied to mental health, health promotion is the process of enabling people with mental health needs to increase control over, and to improve, their overall health. Mental health promotion tends to involve a range of behavioural, social and environmental support strategies. These strategies may include increasing health literacy, increasing access and availability of mental health services, increasing community and natural support structures, and ensuring that community programs are inclusive of people with mental health needs.



An important value of health promotion is that prevention is the best cure. Prevention is the act of stopping something from happening. Prevention of mental illness involves community education about how to recognise mental health needs and the promotion of good mental health and wellbeing. Community awareness of these health concerns is gradually improving and the stigma around mental illness is changing. Most people now have an idea that support is available for mental wellbeing and mental illness. Promotion and prevention means working in partnership with the community to promote a healthy lifestyle.

As a mental health worker you have the opportunity to assist in improving both the physical and mental wellbeing of a person living with mental illness. Suggesting strategies that encourage a person to improve diet and increase exercise can have the effect of empowering the person, improving self-esteem and thereby assisting recovery.

Holistic approach

Holistic care means supporting the whole person, not just one aspect of them, while considering all of their needs. It includes looking after the physical, emotional, psychological, social, economic, environmental and spiritual needs of the person. For example, it is not much use focusing solely on treating a person's mental illness if they have nowhere to live and not enough to eat.

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

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

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

Involvement by family and carers may include:

- ▶ monitoring symptoms
- ▶ meeting accommodation needs
- ▶ supporting medication compliance
- ▶ companionship
- ▶ obtaining and coordinating services
- ▶ supporting participation in the community
- ▶ assisting with treatment and support decisions
- ▶ acting as the person's advocate where necessary
- ▶ providing assistance with practical matters such as paying bills and shopping.

Empowerment and disempowerment

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



An empowered person has:

- ▶ decision-making power
- ▶ access to information and resources
- ▶ assertiveness
- ▶ understanding that people have rights
- ▶ a positive self-image and overcomes stigma
- ▶ contributes to the development and management of mental health services.



A disempowered person:

- ▶ doesn't feel they have a say in their own life
- ▶ can't make choices or solve problems
- ▶ struggles to take on responsibilities such as managing their own health or being a productive employee
- ▶ will never be able to work or make their own way in life
- ▶ feels little or no value as a person.

Work towards empowerment

Working towards empowering a person with mental health needs means that all of your actions and the way you work should reflect the person's right to direct their own recovery.

It is important that you understand the values and principles of the mental health sector. This way you will be part of the greater shared understanding that guides the way workers deliver services to people with mental illness. One of the principles of the mental health sector is for a person to discover and maintain their value, and live a meaningful life with their mental illness. Respecting the right of a person with mental health needs to self-define and make their own decisions will help them feel empowered. Like everyone else in the community, a person with mental health needs has a right to direct their own recovery.

Respect for rights

Respect for rights underpins all decisions in the mental health care sector. People with mental health needs have the same rights as people who do not have mental health needs. These generally fall under basic human rights, which include the right to things like food, water, shelter and safety. In some cases, people with mental health needs will have additional rights; this is the case with the judicial system and imprisonment.

The Australian judicial system has processes in place to protect the rights of individuals living with mental health conditions. If an individual's mental health condition is deemed to have influenced their illegal activities and their ability to be tried in the normal court proceedings, then they may be considered a forensic patient or correctional patient. Forensic patients may be referred to the Mental Health Review Tribunal and found not guilty on the grounds of mental illness. While under review by the tribunal, forensic patients also have the right to contact and be represented by the Mental Health Advocacy Service.

Early intervention

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



A general practitioner or community health centre is often the first to suggest some support for the person to assist them into recovery.

Rights, access and equity

Everyone has the right to be treated fairly and equally and to have the same level of access to care and support within the community. This means that you must not treat someone differently because of their race, religion, gender, age, health status, financial status, marital status, disability or sexual orientation. This includes people who live in Australia but do not have Australian citizenship status.

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

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

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

An organisation can show commitment to access and equity by:

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

Social justice and inclusion

All of the support you provide to meet a person's goals should include the principle of social inclusion. Recovery plans should facilitate progress towards a person's aspirations and goals and include the principle that everyone, including people with mental illness, has a right to participate fully in and feel connected to the community. They should be able to participate in the community at any point within the recovery process.

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

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

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



Barriers to social justice and inclusion

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

People with mental illness may:

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

Social barriers to inclusion

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

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

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

Reduced contact

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

Embarrassment

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

Spread of misinformation

The fact is that some people may experience episodes of mental illness but are well for the rest of the time. Only a relatively small percentage of people have chronic illness.

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

Citizenship

Citizenship is the status of someone who is accepted as being a member of a group or institution. In Australia the *Australian Citizenship Act 2007* (Cth) outlines the requirements for gaining Australian Nationality or Citizenship. Australian Nationality or Citizenship awards people with certain rights and entitlements within Australia and the Public Service Systems such as the right to vote, legal aid, medical care, financial aid and housing benefits.

Citizenship values can apply to the mental health care sector in two ways. The first is to acknowledge that individuals with mental health needs are still entitled to the rights and benefits of their Australian Citizenship. This means that support workers should aim to empower individuals to achieve their rights through enabling them to participate, rather than participating on their behalf and thereby stripping them of their entitlements.

Secondly, the word citizenship can apply to a person's community of choice. In this context, people with mental health needs have the right to social justice and inclusion in their community of choice. This means that community groups, services and society as a whole should provide opportunities for people with mental health needs to participate in a way that acknowledges their rights, identity, strengths and interests, and the role they play in adding value to their community of choice.



Models of care coordination

A model of care describes the way a community service provides and delivers care. There are many different models of care within the community services sector because different groups of people have different care needs and one model cannot cater to every group's needs.

By using a range of models the mental health services sector can optimise service delivery to all groups within the community.

Examples of models of care include:

- ▶ transitional care model
- ▶ shared care programs
- ▶ family based care
- ▶ preadmission clinics and planning
- ▶ multi-disciplinary care
- ▶ integrated mental health service.

Legislation and its impact

It is important that you are aware of the human rights legislation that underpins your organisation's policies and standards. If you are working in aged care or in government-funded programs, such as the Commonwealth Home Support Programme (CHSP), you need to be aware of the specific legislation and standards that apply. These include the *Home and Community Care Act 1985* (Cth) and standards developed to monitor service provision.

Below are some examples of Commonwealth and state legislation, principles and guidelines that establish and protect the rights of people with a disability.

Commonwealth legislation, principles and guidelines	
<i>Disability Discrimination Act 1992</i> (Cth)	Prevents discrimination against people with a disability principally in the areas of employment, education, housing and services
<i>Disability Services Act 1986</i> (Cth)	Establishes the standards of how services are delivered to people with a disability
<i>Disability Act 2006</i> (Vic.)	Establishes a Disability Services Commissioner to make it easier to hear complaints from people with a disability about the services delivered
<i>Privacy Act 1988</i> (Cth)	Ensures the privacy and confidentiality of all individuals
<i>Freedom of Information Act 1982</i> (Cth)	Makes it possible to have records and information released
<i>Work Health and Safety Act 2011</i> (Cth)	Promotes and maintains the health, safety and welfare of all people in the workplace. The <i>Work Health and Safety Act 2011</i> (Cth) came into effect on 1 January 2012, replacing the <i>Occupational Health and Safety Act 1991</i> (Cth) and the individual state and territory laws regarding health and safety, although at the time of publication, not all states and territories have harmonised with this national law.
Restrictive practices legislation	Protects people from restrictive practices such as being unnecessarily medicated, restrained or shut in a room
Equal employment opportunity	Equal employment opportunity principles (amended 2002): Prevents discrimination in employment on a number of grounds including disability
Public guardianship boards	Public guardianship boards (in all states/territories): Establishes the process for a guardian to be appointed for people who can no longer make decisions for themselves
Office of the Public Advocate	Office of the Public Advocate (in most states/territories): Established to promote and protect the human rights and dignity of people with disabilities; establishes public advocates for people with a disability

Specific mental health legislation

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

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



Codes of practice

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

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

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

Mental health standards

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

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

Promote an optimal quality of life

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

Decision-making

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

Nominated carer

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

Collaboration

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

Person-centred approach

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

Rights and choices

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

Sustained recovery

Services are delivered with the aim of facilitating sustained recovery.

Role of carers

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

Standards for mental health

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

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

Ten standards with which mental health services should comply

- 1 Rights and responsibilities**

The rights and responsibilities of people affected by mental health needs and/or mental illness are upheld by the mental health service (MHS) and are documented, prominently displayed, applied and promoted throughout all phases of care.
- 2 Safety**

The activities and environment of the MHS are safe for individuals, carers, families, visitors, staff and the community.
- 3 Individual and carer participation**

Individuals and carers are actively involved in the development, planning, delivery and evaluation of services.
- 4 Diversity responsiveness**

The MHS delivers services that take into account the cultural and social diversity of individuals with support needs, and meets their needs and those of their carers and community throughout all phases of care.
- 5 Promotion and prevention**

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

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

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

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

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

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

Policy frameworks

Services offering support to people with mental health needs have a policy framework to support staff and individuals by providing a safe workplace or service. Each agency should have a policy that relates to safety and that reflects the requirements of legislation and any relevant service or accreditation standards. Policies may include work health and safety, documentation management, privacy and confidentiality, quality management and many more. The information below outlines three examples of where organisational policies provide details on what should occur in crisis management.

A policy on safety issues and prevention in mental health work

- ▶ Keeping accurate and up-to-date records relating to where workers are when out in the community or on home visits
- ▶ Visits that may pose a safety risk; for example, two staff members must attend venues to meet with individuals and communities
- ▶ Use of protective gloves

A policy regarding emergency response

- ▶ Access to mobile phones
- ▶ After-hours and on-call support
- ▶ Order of notification in case of critical incident; for example, call emergency services on 000, then notify manager, then complete an incident report
- ▶ Critical incident debriefing and employee assistance programs (EAP) for counselling

A policy regarding security

- ▶ Use of workers' surnames and phone numbers
- ▶ Key registers and alarm codes
- ▶ Overnight parking of the organisation's cars

Example

Identify scope and membership of care network and community

Ben is 44 years old and has been living with schizophrenia for nearly 25 years. He lives near a community garden, which he has been visiting regularly for three years. Ben’s care worker, Annie, recognised that this was Ben’s community of choice. Annie identified that the teacher and peers of the garden group would be of great support to Ben and helped facilitate the relationship opportunities that would allow them to become a part of Ben’s care network.



Ben now enjoys the social aspects of the garden, and likes meeting people from a diverse range of backgrounds and from the local community. He is also actively involved in a peer support program targeting people with mental illness. When he is well he assists the teacher. When he is feeling unwell he avoids the garden as he feels embarrassed because his thinking becomes confused and he believes people will avoid him. When he is unwell he often stays in hospital for two weeks, during which time his medication is adjusted. When he feels better he returns to the garden.

Practice task 1

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

Case study

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

1. What is a recovery oriented practice and how can Millie’s support worker empower her by applying this approach?

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2. What is mental health legislation? Give two examples of standards Millie’s support workers need to be aware of when providing support to her.

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3. Why is it important for Millie to feel empowered and able to participate at the grocery store (her community of choice)?

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Click to complete Practice task 1

1B Clarify roles and importance of care network and determine positive impacts

Working in the community services environment requires a coordinated team approach to care. As part of your role you will be required to work with other team members and stakeholders to develop support strategies to enable a person to lead an empowered life. Working in a team allows everybody to combine their knowledge and skills to achieve the best person-centred approach to the individual's care plan.

It is important that you are aware of key members of the individual's care network to ensure you work collaboratively with them and other members of the individual's community of choice. This way each member has a clear understanding of their role and how they can best support the individual.

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

When looking at the importance of membership it is useful to consider this in light of the benefits to the individual. For example, membership from community groups may result in the person feeling acceptance and a sense of dignity, belonging and identity. Formal services may result in this kind of benefit as well.

Successful collaboration requires:

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

Clarify roles and importance of care network

Everyone has the right to make choices, participate in all aspects of life and participate in the community. It is your role as a support worker to help the person you are supporting develop a set of achievable but challenging goals, and understand the risks associated with actions to achieve these goals.

Working collaboratively as a team can assist the person to progress towards their goals. In the past, approaches to mental health care were very different and the person was not recognised as having a role in making decisions about their goals, support or recovery process. It was often the case that the mental health support worker was seen as the expert. This meant that they instructed the person on what they should do without consultation.

Today it is important for the support worker to collaborate with the individual in order to establish the roles and importance of different members of their care network.

The information below outlines the value of clarifying and outlining the roles and importance of members of the care network.

Importance of clarifying care network roles

- ▶ The focus of the support strategies is broader and more holistic, taking in all aspects of health including a person's physical, environmental, spiritual, social, intellectual and psychological health as well as their community.
- ▶ The person's strengths and weaknesses are of equal importance and the recovery processes should focus on a person's strengths, and the available people and resources required to support their needs.
- ▶ The person and their care network work together as team members in the recovery process.

Role of natural supports

Although professional support plays a key role in mental health care, it is important that you are aware of the importance of an individual's natural supports. Natural supports are the relationships that occur in our day to day lives. These relationships may exist between the individual and family members, friends, colleagues, neighbours, members of sporting and leisure activity groups and other acquaintances that the individual has a meaningful connection with. These types of relationships are vital to achieving a sense of acceptance, belonging, dignity and self-esteem.

As a community support worker it is important for you to facilitate opportunities for natural supports to form and to factor in the importance of these relationships in the individual's care network. You can encourage natural supports to form through encouraging the individual's participation in community events, volunteering, employment and socialising with friends and family. The information below outlines some of the benefits of natural supports.

Benefits of natural supports

- ▶ Provide a sense of belonging and acceptance
- ▶ Diminish isolation and foster inclusion
- ▶ Foster empowerment and self-esteem
- ▶ Encourage and facilitate independence
- ▶ Facilitate healthier and longer lives
- ▶ Decrease the dependence on formal services

Importance of peer support

In the context of mental health, peer support often refers to one peer supporting another through the sharing of their understanding and experiences. Peer support is seen as an important natural support for people with mental health needs. The valued role of a peer, which differs from that of a professional or family member, lies in the nature of their equal social standing. A peer is a person of equal standing with the individual and can therefore connect with and encourage the individual from a place of equality.

Principles of peer support:

- ▶ Role modelling
- ▶ Equality
- ▶ Recovery oriented living
- ▶ Mutuality
- ▶ Reciprocal support
- ▶ Sharing information and experiences
- ▶ Listening and acceptance

Roles of family, friends and carers

Family, friends and carers often form a large portion of an individual's natural supports. It is important to consider the role of these supports as it provides a more holistic approach to the care network by acknowledging all of the factors that impact on wellbeing. A person's family, friends and carers can be both a protective factor and a risk factor depending on the level of social support and autonomy provided.

Studies have found that social support such as that offered by family members can increase the likelihood of self-care behaviours and decrease the incidence and severity of chronic conditions.

Yet a person's family can also pose risks. For example, if a person lives in a family where relationships are hostile, ambivalent or generally destructive, their family will be a source of risk. Family systems theory is based on the idea that each family member will influence and be influenced by the behaviours of others in the family.

In some cases therapists will need to work with the whole family to change maladaptive relationships and strengthen individuals within the family as well as the family unit. Some psychologists and therapists specialise in family systems therapy. It is your role as a mental health worker to know about such professionals so that you can make appropriate referrals.



Roles of formal services

The community service sector consists of a range of formal supports for people living with mental illness. These services normally involve some form of payment and include professional relationships with therapists, counsellors, social workers, psychologists, care coordinators and many others. The aim of formal services is to meet the needs of the individual in order to support them in achieving their recovery oriented goals.

It is important that individuals are aware of the available formal support services and are empowered to make decisions about when and how to access such services.

The following information provides examples of some common roles and responsibilities provided by formal mental health services.

Health professional

Health professionals include specialists, doctors, physiotherapists, podiatrists, nurses and many others who have a qualification in health care. These health professionals should guide the team in the medical and health related needs of the person accessing care, so that the whole team can carry out these instructions to optimise the individual's health benefits.

Support worker

The term 'support worker' refers to any person providing assistance to an individual that enables that individual to be more independent and to achieve a higher quality of life. Support workers should follow the instructions of the health professionals and ensure that they are communicating back important information regarding their first-hand knowledge of a person's support needs.

Case manager

A case manager plays an important role in coordinating service access, inputting service data and often providing first point of contact with people who need to access a service. The case worker should communicate with other members of the team to ensure that the information they are inputting and providing is consistent with the care plan and service information.

Rights and responsibilities of workers

There are many legal and ethical responsibilities to be aware of when working in the mental health sector. These include government legislation as well as organisational policies and procedures in regards to discrimination, dignity of risk, duty of care, human rights, informed consent, mandatory reporting, privacy, confidentiality and disclosure, as well as the rights of workers themselves, supervisors, employees and the individuals they support.

All workers must understand and comply with workplace health and safety legislation relevant to their state or territory. Employers and staff at a mental health service have a legal obligation to take reasonable steps to keep themselves, and other people who are accessing the service, safe. This includes the people they support, their families, visitors (including children) and co-workers. Safety includes physical safety (coming to no physical harm) and psychological or emotional safety, which means that people are not exposed to traumatic events that cause emotional distress. If people are exposed to harm, the worker and the agency must take action to address this harm; for example, by providing first aid, calling an ambulance or providing counselling.

Here are some examples of risks to safety within the mental health sector.

Examples of safety risks

- ▶ Tripping hazards such as electrical cords lying across walkways
- ▶ Slipping hazards such as rain water dripping through the roof and ceiling onto the floor
- ▶ Work stations that are not ergonomically suitable
- ▶ Stress
- ▶ Exposure to aggression and physical or emotional threats
- ▶ Assault

Rights of an employee

The right to privacy means there is no legal requirement for a person living with mental illness to tell people at work about their mental health needs. The exception would be when the condition of the illness has the potential to endanger the safety of the person or that of their co-workers. Whether the choice is made to tell others or not can depend on how much the condition affects the role, the amount of support the person has outside the workplace and their relationships with their work colleagues. It may also be a good idea to discuss the condition with the employer if it may compromise the standard of work, or it could affect work performance.

Workplace health and safety laws protect a person's right to a safe workplace, but under the same legislation there is also a responsibility for the individual to be safe. If a person decides to disclose their illness to their employer, the employer has a legal responsibility to make changes to their role to help them keep working wherever reasonably practicable to do so. Employers are obligated by law to provide a safe and healthy workplace for all employees. Laws protect a person against discrimination in the workplace; however, unfortunately discrimination still occurs in the workplace towards people with mental health needs.

Employee and employers rights

- ▶ All staff have the right to work in an environment that is free from any form of discrimination, harassment or abuse.
- ▶ Employees have the right to dress and act in a way that adheres to their religion and beliefs.
- ▶ All staff have the right to be paid correctly and fairly.
- ▶ All staff have equal opportunity for employment and promotion with a company.
- ▶ Employees should have access to the correct types of annual, family, personal and public holiday leave.
- ▶ All staff have the right to work in a safe environment, complete with occupational health and safety.

Employee and employers responsibilities

- ▶ Employees should arrive on time and ready to work.
- ▶ Staff should wear the appropriate uniform or style of dress for the workplace.
- ▶ Employees should respect their employer, individuals and co-workers.
- ▶ An employee must carry out their job to the best of their abilities.
- ▶ An employee should play an active role in keeping the work environment, individuals, co-workers and themselves healthy and safe.
- ▶ Employees have a responsibility to work within the bounds of relevant legislation and work within organisational policies, procedures and guidelines.

Rights and responsibilities of individuals

As a mental health service worker it is your role to support people with mental illness. Always remember that people with mental health needs are the best people to tell you what services they need and want. If they are unable to communicate this themselves, they may have a guardian or advocate protecting their rights and ensuring services best meet their needs.

People using mental health services have the right to participate in and give their opinions on their care. Organisational policies and procedures should promote empowerment and involvement, and guidelines should state that the person must be consulted and involved in service provision. The person with mental illness is in a good position to identify issues that need to be addressed, and their opinions should influence the services they use. Their ability to take responsibility for and control of their life is also central to their quality of life and recovery.

There are many rights that all people, including people with mental illness, have in relation to health services.

People receiving health services have the right to:

- ▶ receive accurate and easy-to-understand information
- ▶ make decisions when possible
- ▶ access relevant services
- ▶ be free from discrimination
- ▶ be treated as an equal and with respect
- ▶ participate in their own care
- ▶ confidentiality
- ▶ complain and appeal.

Work role boundaries

Most community workers and community agencies have a particular focus or area of expertise. Every community worker is responsible for understanding the requirements and scope of their own work and clarifying any uncertainties with appropriate management staff when required. It is also important to be aware of the limitations of the agency. When supporting people with mental health needs, community workers may need to request assistance or make referrals to other services when issues arise that are outside of the scope of personal practice and/or agency service provision.

It is important for workers to have clearly defined work boundaries and to understand the responsibilities and limitations of their role so that they don't place themselves and others at unnecessary risk of harm.

Information about roles can be obtained from:

- ▶ position descriptions
- ▶ workplace policies and procedures
- ▶ practice manuals and guides
- ▶ codes of ethics
- ▶ service standards (if relevant to particular field)
- ▶ legislation and regulations.

Work health and safety (WHS) requirements

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect, replacing the *Occupational Health and Safety Act 1991* (Cth). The WHS legislation is made up of the model WHS Act, regulations, codes of practice and a national compliance and enforcement policy. This model legislation was developed by the Commonwealth government to harmonise work health and safety laws across Australia. For the Act to be legally binding, it must be passed by the parliament in each state and territory.

As a mental health worker it is important that you understand how the WHS Act applies to you and your workplace. The purpose of this legislation is to protect the health and safety of all workers, service users and others. When working in the mental health care sector, this legislation has important implications for crisis management, constraint and imprisonment. It is important that you are aware of the WHS policies and procedures that apply to your workplace so that you don't accidentally breach your duty of care.

WHS obligations that may apply to a mental health worker include attending mandatory training, completing workplace safety audits and risk assessments, reporting hazards and incidents and taking reasonable care not to harm themselves or others while at work.

Example

Clarify roles and importance of care network and determine positive impacts

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



When Samantha is offered support she slowly begins to recover her identity. Her support worker, Helen, helps to find suitable housing, provides emotional and psychological support and instils in her a sense of hope that she can manage her symptoms and lead the kind of life she wants to. Helen understands that formal services alone cannot provide everything that Samantha needs and therefore encourages her to pursue activities that foster the growth of natural supports. Samantha volunteers two hours a week at the community hall for a dance and creative arts group. By participating in the local community Samantha builds meaningful relationships outside of her formal support network and also regains some of her identity as a dancer and artist.

Practice task 2

1. What is meant by the term ‘natural support’ and what are three benefits of having natural supports as part of an individual’s care network?

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2. Identify three rights that apply to a person who is accessing a mental health service.

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3. If a mental health worker was unsure of their work role responsibilities, boundaries and limitation, where could they seek further clarification?

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Click to complete Practice task 2

1C Expand or strengthen care network and increase community participation

One of the main aims when supporting people with mental health needs is to assist and guide them to identify and work towards meeting their aspirations and needs. There should be a team approach to facilitating progress towards goals in collaboration with the person. Communication and teamwork skills are therefore required to ensure that the person is making the decisions and is guided and supported by the mental health team. As the goals and interests of the person drive the support strategies it is important to work with them to identify ways to expand and strengthen their care network. Involving the individual in the process has the additional benefits of increased engagement, increased ownership of goals, increased empowerment and a more holistic care plan.



As a mental health worker, you and your team should also encourage participation in the community. One of the key values and principles of the mental health sector is social inclusion. Participation of people living with mental illness in the community will help decrease stigma and encourage empowerment and recovery. All mental health workers should value the social justice principles of equal access and opportunity, which are basic rights of all people.

Work collaboratively with the person

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

For example, you can talk to a person with mental health needs about their abilities as an artist or musician, as a parent, a businessperson or athlete. You can discuss their interest in family, animals, gardening, sport, fashion, art or music. These areas of interest can help identify the potential for expanding both natural and formal support networks.

Increase participation

Self-direction encourages a person and their family or carers to make their own choices. This includes identifying which communities the individual would like to participate in. It also demonstrates a person-centred approach, considering the person holistically rather than exclusively as a person with mental health needs. This helps to build mutual trust between people and provides a foundation on which all respectful relationships are based. Such relationships are essential for empowering an individual to participate in their community of choice.

Use of strengths-based practices acknowledges that all people have skills and capacities, and encourages individuals and families to build on these strengths, thereby enabling self-direction and community participation. There are many things that a support person and the individual can do facilitate successful participation in their community of choice. The information below provides examples of how to increase participation in a workplace environment.

Support workers can facilitate participation by:

- ▶ being part of an interview panel for mental health jobs
- ▶ developing and reviewing policies and procedures
- ▶ advocating for other people with mental health needs
- ▶ being part of education, mental health promotion and awareness programs
- ▶ giving their views on research projects in areas such as service improvement, access and equity.

Mental health services can support a person's involvement by:

- ▶ making sure people are fully informed before they commit to roles and responsibilities
- ▶ making sure the individual with mental health needs feels welcome and safe
- ▶ being flexible and observant (there may be times when the individual is having a bad day, needs a rest or requires extra support)
- ▶ avoiding the use of technical terms and making communication easily understandable
- ▶ encouraging the person to support others and work together.

Example

Expand or strengthen care network and increase community participation

Peter has experienced mood swings for several years and knows they are more extreme than most people have. He puts it down to something in his personality. Over time, he learns to conceal his more serious episodes of depression and tries to manage the highs by going for a long run or drinking excessively. Some of his friends sometimes make comments to him about his manic behaviour but he just laughs it off. Peter finds himself withdrawing from other people. His large group of friends diminishes and he gives up the activities that he is interested in because he feels out of control and unable to commit to anything.



Peter finally realises he has a real problem when he can feel himself getting more and more out of control and it scares him. Peter sees a specialist and is diagnosed with bipolar disorder. He is surprised but also relieved. At last he knows what is going on and can get medication to help manage his extreme moods.

He meets with a support worker, and at their first meeting the worker explains to

Peter how it is important to have a care network. Together they map out Peter's interests and abilities and identify ways in which he can strengthen existing relationships and build new ones based around the things that he enjoys.

Peter identifies that he feels most alone on Mondays when his housemates are working. Together Peter and his support worker identify that there are many activities that occur on a Monday that Peter can participate. By expanding his care network and participating in his community of choice Peter is better able to manage his mood swings and live a fulfilling life.



Practice task 3

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

Case study

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

Now John likes to help others who are going through what he went through. He spends time listening and talking to people and encouraging them to identify their strengths and interests in order to strengthen their support network. John often shares with others that joining a band and playing his guitar was one of the strategies he found most useful when he was really struggling with his mental health needs. John now encourages others to identify things they would like to be involved in and helps them to overcome the barriers to participating in those communities.

1. What are three ways that John can work collaboratively with individuals in order to identify ways to strengthen their care networks and increase participation in their communities of choice?

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2. What are three ways that mental health services could support John and others with mental health needs within the workplace?

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3. Explain how John can encourage increased participation through facilitating self-direction and strengths-based practices.

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Click to complete Practice task 3

1D Assist the person to uphold their rights and build resilience and capacity in their network

One of the main roles of a mental health worker is to enable an individual to uphold their rights and build resilience and capacity within their care network. By upholding the individual's rights a worker can eliminate or address some of the feelings of disempowerment and stigma that a person with mental health needs may experience. Upholding a person's rights can also provide them with the confidence to then participate in their community of choice. People living with mental illness often have diverse needs, so it is important to build resilience and capacity within the care network so that there are robust systems in place



to ensure that support is available when the person most needs it. A support worker can build resilience and capacity in a care network by ensuring that the individual has access to the information, resources and opportunities required to live a full and meaningful life. A care network that has a variety of consistent formal and natural supports will be more resilient than one based on formal or natural supports alone.

Provide support, information and other actions

A mental health worker must provide support and information to individuals within the boundaries of their role, which is defined by their employer and organisational policies and procedures. For example, the *National standards for mental health services* provides some guidance about the types of support provided to individuals by stating that 'the mental health service ensures access to a comprehensive range of treatment and support services which address physical, social, cultural, emotional, spiritual, gender and lifestyle aspects of the consumer'.

The support worker should aim to provide support, information and other actions that enable the individual to live an empowered, self-directed and recovery oriented life.

The information below outlines practical ways in which a support worker can achieve these aims, through enabling an individual to uphold their rights and to build resilience and capacity in their care network.

Therapeutic relationships

Developing therapeutic relationships by effectively communicating with the individual to develop mutual understanding, establish trust and collaborate to set goals and participate in service delivery to enhance recovery

Information and resources

Providing information and resources about mental illness

Goals

Clarifying and reviewing goals in the recovery plan to confirm relevance

Emotional support

Using basic counselling skills to explore emotions such as fear and anxiety, and addressing emotional distress, which may act as a barrier to participating in service delivery

Skill acquisition

Providing skill development or education, including role modelling problem-solving strategies such as phoning an external agency to determine referral criteria while the individual is present

Advocacy

Advocating for the individual to reduce stigma and discrimination, to promote the human rights of people with mental illness and to achieve positive mental health outcomes for individuals and communities

Legal support

Empowering individuals and ensuring they understand their legal and human rights, including how they can exercise them gathering and reporting information

Community participation

Linking individuals with the community by encouraging social inclusion in formal and informal community networks, employment and neighbourhood activities such as community events

Referrals and formal services

Linking individuals with external services, agencies and specialists if required

Discrimination free services

People with mental health needs may be more vulnerable and susceptible to discrimination. Discrimination occurs when an individual is treated less favourably than others because they belong to or identify with a particular group or are perceived to have certain traits or attitudes. People may also be discriminated against because of associating with others who have attributes that may be discriminated against.

Mental health workers have a legal and ethical obligation to provide a discrimination free service, for example:

- ▶ not refusing services to someone with depression because they are a drug user
- ▶ not refusing housing support to someone because they spent their rent money on alcohol
- ▶ not removing a child from the parent on the basis of a mental illness if there is no evidence of abuse or neglect
- ▶ not withdrawing services because someone is non-compliant due to their mental health symptoms.

People might be discriminated against because of their:

- ▶ mental or physical disability
- ▶ age
- ▶ gender
- ▶ ethnic origin
- ▶ pregnancy
- ▶ religion
- ▶ politics
- ▶ marital, parental or carer status
- ▶ sexual preference
- ▶ physical features.

Discrimination legislation

Discrimination is illegal throughout Australia. The Acts that set out the relevant federal (Commonwealth) legislation regarding the various forms of discrimination include the:

- ▶ *Disability Discrimination Act 1992* (Cth)
- ▶ *Racial Discrimination Act 1975* (Cth)
- ▶ *Sex Discrimination Act 1984* (Cth)
- ▶ *Equal Opportunity for Women in the Workplace Act 1999* (Cth)
- ▶ *Racial Hatred Act 1995* (Cth).

Additional legislation exists in each state and territory.

To research anti-discrimination legislation you can use the Australasian Legal Information Institute database found at: <http://aspirelr.link/austlii>

For additional information on equity and discrimination in Australia visit the Australian Human Rights Commission website: <http://aspirelr.link/human-rights-commission>



Legal and ethical human rights

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

The Australian Government respects the Universal Declaration of Human Rights developed after World War II by the United Nations, and supports human rights treaties as outlined below.

Human rights treaties supported by Australia

- ▶ International Covenant on Civil and Political Rights
- ▶ International Covenant on Economic, Social and Cultural Rights
- ▶ International Convention on the Elimination of All Forms of Racial Discrimination
- ▶ Convention on the Elimination of All Forms of Discrimination against Women
- ▶ Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- ▶ Convention on the Rights of the Child
- ▶ Convention on the Rights of Persons with Disabilities

Legal and ethical privacy considerations

Maintaining confidentiality and privacy of the person is vital to develop a respectful relationship with the person you are supporting, and is part of respecting a person's privacy and individual rights. People feel disempowered if they have no control over what others know about them. This is especially true in the case of someone living with mental illness; without these practices in place, your relationships with the people you support will be negatively affected.

All mental health services must develop and implement privacy and confidentiality policies, and have procedures in place for the implementation of the policies. There are legal and ethical reasons to maintain confidentiality and the privacy of a person, and not disclose their personal information without first seeking consent.



Privacy, confidentiality and disclosure

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

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

Procedures for privacy and confidentiality of health information

- ▶ Ensure that the collection of personal health information is conducted in a setting that provides privacy and protects the information from access by unauthorised people.
- ▶ Obtain the individual's consent to the use or disclosure of personal health information for the purposes of research and quality assurance and improvement.
- ▶ Ensure an individual's consent is relevant and up to date.
- ▶ Provide the person with access to their personal health information upon request.
- ▶ De-identify personal health information where necessary.
- ▶ Collect health information directly from the individual if possible.
- ▶ Ensure that personal health information is disclosed to third parties only where consent has been obtained.
- ▶ Protect against unauthorised access to information while stored and transmitted in any form, including electronic, paper or verbal.
- ▶ Ensure security against loss of data.
- ▶ Ensure retention of individual medical records as required by legislation and regulations.

Disclose and share information

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



Disclosure and consent policies will explain how personal health information must be collected and used within the service, and the circumstances in which it may be disclosed to others. It must also lay down procedures for ensuring that the collection of personal health information is conducted in a setting that provides privacy and protects the information from access by unauthorised people. Consent is given for access to particular information for a particular purpose; often the specific workers within the agency receiving the information are also named. Most organisations gather this consent using a specific form. Consent forms may vary in name and format between agencies.

Collection, use and storage of information

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

There are now 13 national privacy principles that apply to the collection, use and storage of people's information, as shown below.

You can read more about the privacy principles at: <http://aspirelr.link/app-privacy-fact-sheet>

Collection, use and storage of personal information

- 1 Open and transparent management of personal information**
Ensures that organisations manage personal information in an open and transparent way.
- 2 Anonymity and pseudonymity**
Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.
- 3 Collection of solicited personal information**
Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of sensitive information.
- 4 Dealing with unsolicited personal information**
Outlines how organisations must deal with unsolicited personal information.

- 5 Notification of the collection of personal information**
 Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.
- 6 Use or disclosure of personal information**
 Outlines the circumstances in which an organisation may use or disclose personal information that it holds.
- 7 Direct marketing**
 An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.
- 8 Cross-border disclosure of personal information**
 Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.
- 9 Adoption, use or disclosure of government-related identifiers**
 Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.
- 10 Quality of personal information**
 An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.
- 11 Security of personal information**
 An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.
- 12 Access to personal information**
 Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.
- 13 Correction of personal information**
 Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

Mandatory reporting

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

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

Duty of care

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

Everyone in the mental health care sector has the responsibility of duty of care for themselves, the people they care for, visitors and each other. You, your supervisor, your colleagues and your leadership team all hold the responsibility of doing everything they can to remove or minimise possible causes of harm. In the mental health care sector this may include reporting behaviours of concern, removing known triggers, involving specialist services and having in place appropriate crisis management and aggression management plans.

Organisations have legislative and regulatory obligations to maintain and act upon policies and procedures to guide and promote the safety and wellbeing of people.

Here is more information about duty of care.

Duty of care

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

Negligence

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

Dignity of risk

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

Dignity of risk

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



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

You need to consider dignity of risk in terms of capacity and decision-making. The role of a mental health worker requires the worker to find a balance between the need for duty of care and a person's right and capacity to decide what level of risk they are comfortable with.

Maintain records

Mental health workers have a responsibility to document information about the services being delivered to people and this documentation must be completed in a manner that reflects the policies and procedures of the organisation. Supervisors provide the necessary guidance for policies and procedures when a person first starts work with an organisation. Failure to meet the employing organisation's standards for record keeping is considered unprofessional as it can put people's care at risk and can damage the reputation of the organisation. While there are many similarities between how organisations manage information and their standards for note-keeping, each service will have its own protocols that must be followed.

Information must be documented so:

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

Records management

Every person receiving support at a mental health service will have an information file kept about them. These records may be referred to as case notes or file notes. They may be hand written and stored in hard copy, or electronically recorded and filed.

Here are some guidelines that should be followed when writing case notes.

Be objective

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

Be precise

All workers struggle with a busy workload and so don't much time for note writing. You will save time if you can be concise and only report relevant information that is essential to service delivery.

Be clear

Other people will be reading your notes perhaps months or years after you have written them; keep in mind the information needs of these readers and use plain English that is easily understood.

Be timely

Write your notes as soon as possible; with a busy workload it is easy to forget the details of service delivery with one person as you move on to another. If you leave note-writing to the next day or later, you may forget to include relevant information.

Ensure notes are complete

Notes should be concise but should include all the relevant information. By omitting relevant information you may be diminishing the quality of care provided to people because decisions could not be made effectively.

Handwriting

Try to write as neatly as possible keeping in mind other people will need to understand what you have written.

No personal abbreviations

You will be informed by your supervisor what are approved abbreviations or acronyms to use in note-writing; don't use your own versions as other people won't be able to understand them.

Spelling

Your note-writing is a reflection of your work practice and so should be professional; use a dictionary if necessary.

Date

Each entry in a person's file should be dated and it should be specified whether the information is taken from an interview or telephone conversation.

Correspondence

Each time you speak to the person or other party such as an external service provider, or send or receive correspondence, a brief note should be made on the file.

Don't incriminate

Never record incriminating information about the person. These records may be used in evidence in court, so seek guidance from your supervisor.

Don't judge

Never record disrespectful or judgmental comments about the person. Other people will have access to and read these files, including the person, their family and carers.

Security and access

Never leave documents loose in the file; they should be attached together so nothing can fall out and be lost. Most case files are numbered or coded and are stored and retrieved using this code rather than the person's name.

The reasons and methods used for collecting information are governed by legislation and organisational policies concerning confidentiality and privacy. Each state and territory has laws and regulations regarding the collection, content, storage and availability of a person's records, including medical records and personal files. Ensuring confidentiality is also part of your duty of care. These policies are designed to help organisations meet their requirements under different legislation, regulations or industry standards including privacy laws, freedom of information legislation, codes of practice, and service standards and principles.

Your current or future workplace will have policies that dictate:

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

Example

Help the person uphold their rights and build resilience and capacity in their network

Barbara is 35 years old has mental health needs. Barbara’s care network consists of a range of natural and formal support services. Lila works for one of these formal services and provides case management services to Barbara.



Recently, Barbara has identified that one of her recovery goals is to return to the workforce as an administration assistant. Barbara confides in Lila that one of the barriers to returning to work is discussing her condition with the employer and other staff that she will work with. Lila provides Barbara with information regarding equal opportunity, anti-discrimination and privacy. Based on this information Barbara understand that she is in charge of her own information disclosure and feels confident that she can re-enter the workforce without judgement.

By participating in the workforce, Barbara also builds her natural support system and thereby creates capacity and resilience in her care network to support her diverse needs.

Practice task 4

1. List five of the National Privacy Principles and Information Privacy Principles that apply to all mental health care services.

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2. What is meant by the term ‘dignity of risk’?

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3. What are five practical ways in which a support worker can help enable an individual to uphold their rights and to build resilience and capacity in their care network?

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Click to complete Practice task 4

Summary

1. A mental health worker has a responsibility to have a good understanding of the individual and the available services. This helps to identify the scope and membership of the person's care network and community, which is vital in empowering the individual to achieve their goals and participate in their community of choice.
2. Current, historical, political and social changes to mental health have resulted in the use of various medicines and therapies to manage a person's illness and enable people with mental health needs to have the opportunity to lead fulfilling lives as a part of their community.
3. Today, the recovery oriented model is most frequently used. It is acknowledged that people living with mental illness are the experts in their own care and require support services to achieve their recovery oriented goals.
4. The principles of social justice, social inclusion, empowerment, health promotion, prevention and holistic care play an important role in mental health services.
5. Each state and territory has a mental health Act which is the law governing compulsory mental health assessment and treatment.
6. Mental health services must comply with mental health-associated legislation, codes of practice, standards and policy frameworks.
7. It is important that you are aware of the roles of key members of the individual's care network to ensure you work collaboratively with them and other members of the individual's community of choice.
8. Respect for human rights underpins the values and principles of the mental health sector and should be applied by all workers when supporting people with mental health needs.
9. There are many legal and ethical responsibilities to be aware of when working in the mental health sector, 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 1

Identify and build resilience and capacity in the care network

This learning checkpoint allows you to review your skills and knowledge in identifying and building resilience and capacity in the person’s care network and community of choice.

Part A

1. What are two ethical or legal rights and responsibilities of a mental health care worker?

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2. What are two ethical or legal rights and two responsibilities of an individual who is accessing mental health services?

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3. What are some role limitations that may apply to mental health workers?

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4. What are the legal and ethical obligations of a mental health worker with regards to workplace health and safety?

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5. Why is it important to work collaboratively with the person to identify how to expand or strengthen their care network or increase their participation in their community of choice?

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6. What legal and ethical obligations do mental health workers have with regards to discrimination?

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7. What legal and ethical obligations do mental health workers have with regards to human rights?

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8. What legal and ethical obligations do mental health workers have with regards to privacy and confidentiality?

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9. What legal and ethical obligations do mental health workers have with regards information disclosure?

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10. What legal and ethical obligations do mental health workers have with regards mandatory reporting?

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11. What legal and ethical obligations do mental health workers have with regards to duty of care?

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12. What legal and ethical obligations do mental health workers have with regards to dignity of risk?

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13. What legal and ethical obligations do mental health workers have with regards to record management?

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14. Why is it important for a mental health worker to provide an individual with information that will uphold their rights and build resilience and capacity in their care network?

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Part B

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

Case study

Drew is 43-year-old male who has a diagnosis of schizophrenia. Drew has been in and out of mental health services for many years. At times when his symptoms are severe, Drew resorts to illicit drug use and often is admitted to hospital from an overdose or with hypothermia from living on the streets. Drew recently experienced a relapse and as a result his psychiatrist and team have been reviewing Drew's recovery plan and looking for ways that will best meet his rights and citizenship entitlements.

Drew's care coordinator, Ross, feels that as part of this process the team needs to clarify both the individual roles and the roles of the teams within the greater care network. Ross feels that while Drew is accessing a lot of formal services he has very little in the way of natural supports. To address this, Ross recommends that the team review ways in which they can facilitate Drew's participation in local art and music programs, which he enjoys. The team members agree that strengthening the care network and increasing Drew's participation will help uphold his rights and increase his resilience and the capacity of his care network. Ross also recommends that the team should review how well the principles of empowerment, promotion, prevention and holistic care are reflected in the support plan.

1. Why is it important for Ross to identify the scope and membership of Drew's care network and community?

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2. List five people or professionals who may have membership in Drew's care network.

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3. Briefly explain how the social changes to the mental health care sector will impact upon the care Drew receives.

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4. Briefly explain how the historical changes to the mental health care sector will impact upon the care Drew receives.

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5. Briefly explain how the mental health care policy has changed and how that will impact upon the care Drew receives.

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6. What is meant by the term 'recovery' and what values or principles of recovery oriented practice should Ross apply to Drew's care?

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7. What are two principles/values of recovery that Ross could apply to empower Drew?

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8. Explain how health promotion applies to mental health care and list two principles/values of health promotion that Ross could apply to Drew's care.

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9. What is meant by the term 'prevention' and what values or principles of prevention can Ross apply to his work in the mental health care sector?

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10. What is meant by the term 'holistic care' and what are two values or principles of holistic care can Ross apply to his work in the mental health care sector?

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11. What is meant by the term 'empowerment' and what are two principles or values of empowerment that could be applied to enable Drew to participate in his community of choice?

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12. What principles should Ross apply to ensure that Drew doesn't experience disempowerment due to his support strategies?

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13. What mental health legislation and standards do Drew's support workers need to be aware when providing support to him?

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14. What principles of access and equity does Ross need to be aware of when working in the mental health care sector?

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15. What is 'early intervention' and what principles of early intervention might benefit Drew?

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16. What is 'social justice' and what are two principles of social inclusion apply to Drew?

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17. What is meant by the term 'citizenship' and what values/principles of citizenship apply to Drew and his mental health needs?

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18. What is a model of care and what are two examples of models of care coordination that may be applied to help Drew to achieve his recovery goals?

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19. What is meant by the term 'natural support' and what are three benefits of facilitating natural supports as part of Drew's care network?

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20. What is peer support, and through what means might peer support help Drew to meet his recovery goals?

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21. What role might Drew's family, friends and carers play in supporting his mental health needs?

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22. What role might Drew's formal support services play in supporting his mental health needs?

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23. What is a code of practice and what codes of practice should Ross apply when working in the mental health sector?

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24. What are two principles/values of mental health care rights that apply to Drew and his health care?

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Topic 2

In this topic you will learn how to:

- 2A Establish networks to increase service options**
- 2B Review local services for contribution to the recovery process**
- 2C Clarify individual, team and multidisciplinary roles**
- 2D Establish, negotiate and document partnerships**
- 2E Develop working relationships with local service providers**
- 2F Identify role limits and make referrals to other services**

Develop effective working relationships with other services

There is an ever-growing focus on developing and maintaining working relationships and service networks in the mental health sector. By working collaboratively with other services, each service can better support the complex needs of an individual with mental health needs. As a mental health worker you will be required to have a good general knowledge of existing local services and to build relationships with those services as directed by the needs of service users.

When working in such a diverse care network it is important that each person has a clear understanding of the duties and limitations of their role and the roles of the multidisciplinary team. It is important to always work within the scope of your own role and to make appropriate referrals to other professionals and services as required to best meet the recovery goals of the individual.

2A Establish networks to increase service options

It will not be your job to provide the full range of support to individuals who have mental health needs. There are many services that require a specific scope of practice, such as clinical mental health services, medical treatment, financial counselling and direct care. If you step outside your scope of practice or job description you may find you do more harm than good.



It is, however, your job to provide guidance and facilitation services to help individuals identify and access the support options that meet their individual needs. An individual's ability to identify the full range of appropriate service and support options will be dependent on your knowledge of the range of services in your area. Consider the likely consequences of a case manager operating with insufficient or inaccurate knowledge of service and support options. They may not be able to recommend the most appropriate services to meet the individual's needs, or may even suggest services that are not relevant. Either way, the individual's chances of achieving optimal health and wellbeing as a result of the case management process will be compromised.

If you are new to the community services sector, or will be working with new population groups or in a different area, you will need to undertake research to gain an understanding of what services are available. Existing and experienced case managers must also have research skills. Changes in government funding and priorities mean that existing providers may be replaced by new providers, eligibility rules may change and services may be altered. It is critical that you build and maintain your research skills.

Establish networks and local contacts

For people who require multiple services and have additional family and carer needs, case management should be holistic; that is, it should accommodate each person's strengths and address all the factors that act as barriers to their wellbeing. As a mental health worker it is your responsibility to make sure you establish networks and local contacts in order to optimise service availability and meet the individual's needs.

When establishing a network it is important to involve the individual, their family and their carers to ensure that all of the appropriate support services have been identified and discussed as support options.

Involving an individual in the case management process is not always easy. They may be reluctant to provide input, may not be accustomed to making choices or may not be able to see how certain lifestyle factors impact on their health and wellbeing.

Meet the person's support needs

You must use people skills and task skills in case management so that you can facilitate an individual's active involvement in service planning. It is also essential that you remember the need for holistic management and that the aim is to address all of the support needs, not just those related to mental health. Some individuals may have one diagnosed condition, but need support from multiple services.

The information below outlines some local contacts and established networks that could be utilised to holistically support a young woman named Marika, who is living with diabetes and depression.

Specialists

- ▶ An endocrinologist for specialist care and treatment

General practitioner

- ▶ Marika's GP for follow-up care and treatment

Physiotherapist/exercise trainer

- ▶ A trainer to develop an exercise regime to help her reduce or maintain her weight and improve her mood

Counsellor

- ▶ A counsellor to deal with grief over the changes to their lifestyle and her health status

Significant others

- ▶ Her family and friends to support her to make appropriate changes

Dietitian

- ▶ A dietitian to modify Marika's diet so that her nutritional needs are addressed

Psychologist or mental health specialist

- ▶ A psychologist to challenge negative thought patterns

2. What are two potential reasons that a mental health worker may under take research to understand local service availability?

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3. List three groups of people who a mental health worker my need to establish a network with in order to increase an individual's service options.

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Click to complete Practice task 5

2B Review local services for contribution to the recovery process

In developing an individual recovery program you should consider the person's strengths, physical health, readiness to participate, personal beliefs, support network and the existence of any other conditions. The program that you develop in consultation with the person should be person-centred, flexible and meaningful to the person. It should reflect what they identify as important in their lives, such as their lifestyle choices, preferences, life goals and their rights and responsibilities. You will also need to review their access to services as affected by where they live, learn, work or socialise, and their access to resources like money and transport.

You need to develop your knowledge of the resources and services available in the person's community so you develop a program that takes advantage of the opportunities and support on offer.

Recovery can be supported in the community through:

- ▶ social interaction, such as sporting activities
- ▶ employment, training or learning new skills
- ▶ volunteering or membership to organisations
- ▶ understanding of mental health needs in the community.

Gather and review information

Your organisation will be able to cater to some needs, but not all. It will therefore be important for you to gather information about the services other agencies and organisations provide. There are benefits to including external support mechanisms: individuals will have access to a wider range of services, will have a broader support network and will be less likely to become dependent on you or your agency. This approach will also ensure you have sufficient service knowledge to correctly recommend or refer an individual to local support services to more holistically address their health needs.



You can learn more about other agencies and service providers by:

- ▶ joining professional networks
- ▶ subscribing to other organisations' mailing lists
- ▶ using an internet directory such as Infoxchange: <http://aspirelr.link/infoxchange>
- ▶ speaking with the individual about services they are currently using or have used in the past
- ▶ contacting other organisations to clarify details about the services they provide
- ▶ reading your local paper; local newspapers often provide paid and unpaid publicity for a variety of community-based organisations.

Local community services

Within community services there are a number of sectors that cater for a diverse range of needs. It is important to have a good general knowledge of other services and the correct communication lines to access those services. Some services will accept self-referrals from individuals, some will require a written request from a health professional, and others will be happy with a verbal handover.

It is important that you use the forms and methods required of each sector in order to meet privacy and confidentiality legislation and to enable continuity of care for the person receiving that care.

The following information describes some community service sectors that you may need to be aware of in order to holistically cater to an individual's support needs.

Aged care

Aged care services provide support for older people in their own homes, in the community and within specific residential facilities.

Services include residential services, day programs, respite, home-based services, advocacy, case management, leisure and recreation.

Disability services

Disability services provide services to people with physical disability, neurological disability, intellectual disability, sensory disability and autism spectrum disorders.

Services include case management, accommodation, employment, day programs, independent living skills programs, recreation, respite, advocacy and early intervention.

Alcohol and other drugs

These services provide support for people who are impacted by drugs and alcohol.

Services include counselling, residential rehabilitation, case management, accommodation, harm-reduction supports, information, advocacy, crisis intervention, outreach and youth-specific services.

Family and domestic violence

These services provide support to families affected by domestic violence. Support may be available to individuals who have been violent.

Services include emergency housing, legal services, counselling, and court support services.

Mental health

These services support people with mental illness including, but not limited to, schizophrenia, major depression, anorexia and bulimia, bipolar and obsessive-compulsive disorders, and anxiety disorders.

Services include case management, group programs, personal support, accommodation, independent living skills, advocacy, crisis assessment, mobile care, residential and early intervention.

Housing

These services provide long-term and short-term housing support for people of different circumstances.

Services include emergency and transition housing, bond relief, assistance securing rental housing and rental assistance, advocacy, access to public housing and accessible housing for people with disabilities.

Youth work

Youth services provide information and support to young people. The age limits for what is defined as 'youth' varies between agencies and departments.

Services include accommodation, case management, independent living skills, information and training.

Children's services

Children's service provide care for children in a range of settings from birth until the end of primary school.

Services include long day care, family day care and out of school hours care.

Child protection

Child protection services provide interventions to support children (and their families) who are at risk of abuse and neglect.

Services include foster care, adoption, group residential, supervised access, case management, assessment and therapeutic services.

Employment services

These services assist job seekers (in particular individuals with barriers to employment) to be job ready and secure employment.

Services include case management, job-readiness and pre-vocational training, support with job seeking, parents returning to work, apprenticeships.

Benefits and limitations of service options

When assessing an available service it is important that you carefully weigh up the benefits and limitations of that service and consider how the service could impact on the recovery process. Some services will not be appropriate to provide regular and ongoing support because they have limited resources and can only provide a one-off or infrequent service. Other services may have long waitlist times and by the time an individual gains access their needs may have drastically changed. Other services may provide too much support, taking away from the individual's opportunity to participate and take ownership of their schedule, finances and activities of daily living. Ideally a service will be within close distance to the individual, already contain established professional relationships and provide just enough support to empower the individual to lead a recovery oriented life.



You will also need to weigh up the logistics of service usage, including any cost, travel and time restraints the individual may have. For example, an individual may only be able to access a counselling service only during a timeslot that conflicts with their work commitments. Working within the recovery process means that support workers need to help the individual weigh up the benefits and limitations of each decision and choose the one that best fits with their goals and needs. It is important to remember that at times, to the individual, natural supports and community participation may be a higher priority than formal services.

Example

Review local services for contribution to the recovery process

Sofia is a 19-year-old living with depression. Sofia loves plants and is studying to become a horticulturalist. She attends a course throughout the week and works at a restaurant over the weekends. On her good days Sofia is energetic, focused and able to arrange her days to make the most of her time. When Sofia has a low she often calls in sick to work, fails to hand in assignments and will often spend her rent money on online shopping.

Sofia's support worker, Lara, investigates the service options that may be able to contribute to Sofia's recovery process. Lara takes into account Sofia's wishes to only access minimal formal services and her need to continue to attend both her course of study and her paid work.

There is a local support group for people with mental health needs that meet on a Friday night. Lara mentions the group to Sofia and they discuss the benefit of having regular support and input from peers. Sofia is interested in having some further support but is not willing to give up her work on Friday nights, which she feels is providing her with both financial independence and self-esteem.

Lara supports Sofia by providing her with information on alternative options. Sofia listens to the options and decides that the free mental health phone support service is the one that will best suit her needs. This service offers phone support once a fortnight and additional crisis support as required. Sofia feels that this is the type of support that will best fit with her recovery process and enable her to continue her studies and attend her work shifts.



Practice task 6

1. What are three ways that a support worker can find out information about local service options?

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2. What are four community services that a support worker may need to evaluate as a local service option?

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3. Why is it important for a support worker to evaluate the benefits and limitations of local services?

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[Click to complete Practice task 6](#)

2C Clarify individual, team and multidisciplinary roles

A recovery oriented approach requires a complex network of care providers to support the individual with mental health needs. As there are many different people involved in the care process it is important that each worker understands and works within the scope of their role and duties. You can find information on your role in your workplace policies and procedures and your statement of duties and position description. If you are ever in doubt about your role then you should seek clarification from your supervisor.



Having a range of people involved in the care process gives the advantage of drawing on many different areas of clinical expertise and also knowledge of the individual. Sometimes members of the care team, for example a counsellor and a psychologist, will overlap in their roles. For this reason it is important that there are effective communication strategies in place to ensure that everyone is familiar with the support strategies and can therefore deliver a consistent approach. You should never assume that a role is only yours or that someone else will do a specific duty. When in doubt always seek clarification and ensure that you are clear on your role and the roles of others in the care network. Often when there is an overlap in service delivery, the role of one professional will not decrease the need for the involvement of the other professional. Instead, as the person receives the same information from different people, in different ways, they are better able to process and utilise those strategies in their recovery plan.

Multidisciplinary approach

A multidisciplinary approach involves combining the knowledge and skills of many different workers from different disciplines to devise a care plan that meets the holistic needs of a person accessing a service. This team approach identifies that each person has many diverse service needs and that no single carer can meet all the service needs of that person. For this reason it is important to clarify the role of each team member to ensure that the needs of the individual are being met by the appropriate combination of skills. By involving many different workers of different skill and knowledge expertise each individual care need can be addressed, even those they may not have sought care for originally.

This approach acknowledges that addressing the needs of the whole person will also benefit every discipline specific care need.

In order to function well the multidisciplinary team requires:

- ▶ a culture of trust, respect and understanding of roles
- ▶ acknowledgement of skills and utilisation of the best skill mix within the team
- ▶ a formalised governance structure for reporting and prioritising work load
- ▶ formalised systems for communication, documentation and reporting.

Individual, team and multidisciplinary work roles and structures

Below is a list of possible team members and what they may be able to contribute to the development of a recovery oriented support plan.

Individual

- ▶ Set goals and make informed choices about service usage

Family members

- ▶ Provide details of behaviours to be minimised or avoided and methods to deal with goals
- ▶ Act as natural supports
- ▶ Assist with implementation strategies and encouraging goals

Social worker

- ▶ Implement and monitor support strategies
- ▶ Help talk through problems
- ▶ Offer practical advice and emotional support

Physiotherapist

- ▶ Functional assessment
- ▶ Assist with implementing health promotion programs and strategies
- ▶ Assist with equipment and aids
- ▶ Strategies to assist with physical skills, strength and fine motor skills

Medical practitioner/psychiatrist

- ▶ Monitor or advise on changes to medication
- ▶ Refer onwards to specialist mental health services

Care coordinator

- ▶ Get to know the individual and help them to establish interests and goals
- ▶ Complete a strengths analysis and risk assessment
- ▶ Provide general advice and support on implementing a recovery oriented plan

Psychologists

- ▶ Provide cognitive assessments
- ▶ Assist with implementing strategies for managing unhelpful emotions and thoughts
- ▶ Provide cognitive behavioural therapies and mindfulness strategies

Additional collaborators

Below you will find a list of additional stakeholders who may not be included in the assessment process, but who may need to be consulted when developing a support plan.

Funding bodies

- ▶ These are responsible for funding services, purchasing equipment and ensuring the support plan is within funding guidelines.

Case manager

- ▶ Case managers have overall responsibility for the holistic support of the individual. They liaise between funding bodies and service providers.

Next of kin

- ▶ This is the person to be notified in the case of an accident involving the individual, or their illness or death.

Legal guardian

- ▶ These are legally responsible for making decisions on behalf of the individual in accordance with, and limited to the scope of, the guardianship order.

Advocates

- ▶ Where they are involved, advocates speak on the individual's behalf and in the individual's best interest.

Example

Clarify individual, team and multidisciplinary roles

Samantha is a case manager and she provides support to Allen. Allen is a 41-year-old man living with schizophrenia. Allen has a history of illicit drug use and homelessness. Earlier this week Allen expressed suicidal ideation to Samantha. As a case manager Samantha's main role is coordinating services and expanding care networks. She does not have the professional training to perform crisis management interventions. This is not the first time that Samantha has come across this problem. People often seek help directly from Samantha as she is the consistent point of contact between individuals and services and has developed a good rapport and relationships of trust with the people accessing her services. Due to this Samantha has previously sought to clarify her own role and that of others in the care network so that she can effectively manage situations like this one.



Samantha listens to and acknowledges all of Allen's concerns. She then reminds him of the strategies they have put in place and that he has previously consented to discussing suicidal thoughts with the suicide helpline and his psychologist. Allen consents to Samantha transferring him directly through to the suicide helpline and then also arranges a follow up appointment with his psychologist. Samantha describes the situation to her manager who confirms that she has done the correct thing. By knowing the scope of her role and those of others in Allen's care network, Samantha is able to support Allen in receiving the most appropriate support.

Practice task 7

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

Case study

Katya is a 25-year-old woman living with severe depression. Katya has had the same support worker for a number of years but that support worker has recently retired. Tara is a new member of the mental health team and has been assigned to Katya as her case manager. In order to support Katya, Tara first needs to go through her case notes and understand who Katya's main supporting services are. Tara notes that Katya often requires intervention from her GP and psychiatrist when she is experiencing a low. She also notes that Katya attends a community college and is studying to become a beautician. As part of her studies Katya has a mentor who supports her with her academics and as a general support. Katya's support strategies include a range of formal and natural supports that Tara will need to familiarise herself with. Tara will also need to be familiar with the scope of her own duties as a case manager.

1. What is a multidisciplinary team approach and how might Katya benefit from this approach?

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2. List three people that might be included in Katya's multidisciplinary team.

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3. Why is it important for Tara to clarify her role and the roles of the team in order to support Katya?

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Click to complete Practice task 7

2D Establish, negotiate and document partnerships

The historical, political and social changes to the mental health care sector have lead to more and more engagement in partnerships and a coordinated service approach. This approach recognises that a single service is unable to meet the many and complex needs of an individual requiring mental health support. By forming partnerships individuals are able to increase the access and availability of much needed resources as well as fill in the service gaps that occur with single service access.

Some benefits of partnerships are that they:

- ▶ create a service sector of continuous improvement through organisations sharing resources, ideas and values
- ▶ allow for pooling of resources and a more even distribution of caseload across the different service sectors
- ▶ increase service access and availability
- ▶ decrease unmet needs in the community
- ▶ create a service sector of innovation and clinical redesign
- ▶ create community capacity through the design of the partnerships
- ▶ create more sustainable services.

Establish, negotiate and document partnerships

There are many different partnerships that may form in the mental health sector. These relationships between the services may vary in the degree of formal and documented arrangements, funding provision, level of risk, power, trust, mutual benefit and the level of collaboration required between the partnering services.

The following outlines important information relating to establishing, negotiating and documenting partnerships in the mental health sector.

Establish

A partnership may form through necessity or a mutual recognition of shared benefits between two service providers. In general, a partnership is considered a commitment between two or more organisations with a shared vision, agenda, aims and objectives for the same target population. Organisations may deliberately seek out partnerships to bolster identified service gaps and increase service capacity and sustainability.

Negotiate

Negotiation is a discussion between two parties with the aim of reaching a mutually beneficial agreement. Negotiation will often take place between two services to define the different roles and risks associated with the service relationship or formal partnership. In general, negotiation between services will involve defining:

- ▶ communication and referral processes and structure
- ▶ service planning and pathways
- ▶ prioritised distribution of funding and resources
- ▶ mission statements, vision and goals/outcomes
- ▶ liability and risk management.

Documentation

The more risk and funding involved in a partnership, the more formal and extensive the documentation requirements will be. In the case of an informal arrangement such as networks and cooperative and coordinated services, the documentation may occur in a care plan as a strategy or as part of an available service options resource sheet. For collaborations and partnerships there is likely to be detailed documentation through a memorandum of understanding (MOU). An MOU is a formal and mutual agreement between parties and spells out the expectations around the conduct and service delivery of each party.

Conflict resolution and the right to complain

People with mental health needs have the right to complain about the support they are receiving and/or appeal against a decision. In most cases complaints will be handled successfully by the organisation offering support for the person living with mental illness. The organisational policies and procedures will include and outline the complaint process and the mental health worker will support the person through the process.

In the case that a complaint needs to be escalated because the person is not satisfied with the outcome or complaint process, the mental health worker needs to assist the person to exercise their right to escalate.

There are two places that a person can complain if they feel they have been treated unfairly or have experienced discrimination based on their mental illness:

- ▶ The Human Rights Commission – This is a third party that investigates complaints about discrimination and breaches of human rights; it investigates areas of discrimination according to sex, disability (including temporary and permanent disability), medical conditions (including mental health), race and age.
- ▶ The state-based mental health commissions – These provide information on the Health Care Complaints Commissions available for every state and territory in Australia.

To access more information on the Health Care Complaints Commission in your state or territory, visit:

- ▶ <http://aspirelr.link/nmhc-complaints-commissions>

To read more about the Human Rights Commission and the complaints process, visit:

- ▶ <http://aspirelr.link/complaints-process>

Basic negotiation

Negotiation is discussion aimed at reaching a decision. The basic steps in the negotiation process include:

- ▶ preparing and planning for the discussion
- ▶ defining any rules or restrictions that apply
- ▶ clarifying and justifying ideas and goals
- ▶ bargaining and problem solving
- ▶ closure and implementation of the agreed upon actions.

In the mental health sector, negotiating is usually described in terms of behaviour de-escalation.

De-escalation means to prevent or stop a dangerous or concerning behaviour from continuing or from getting worse. Preventing behaviour escalation usually involves a discussion about an individual's concerns and needs. Once the worker knows what the individual's needs are they can begin to negotiate with them about how these needs can be met or resolved. Knowing what an individual's needs are helps workers understand what may trigger a potential emergency or crisis situation in the individual. Negotiation may not be possible when the individual is not in a rational state; for example, if they are intoxicated or have the symptoms of acute mental illness.

Once the individual is calm enough to discuss the situation, workers can engage them in negotiation and mediation regarding the steps they need to take to secure their safety.

In the case of someone with symptoms of acute mental illness, this may involve asking them to consider voluntarily admitting themselves to hospital for treatment rather than having to be taken by the police on an involuntary basis.



Conflict resolution techniques

Interpersonal differences and conflicts occur in most workplaces and health services. Effective resolution of conflict and interpersonal differences involves using communication skills such as active listening and assertive communication. When there is tension, stress and anxiety when dealing with colleagues, staff or others who are upset, this can make it more difficult to think clearly and respond appropriately. However, if good communication skills have become a habit, you will be much more likely to apply them well in tense and difficult situations.

It is therefore important for community support workers to use communication skills to avoid, diffuse and resolve conflict in the workplace, between services and with service users.

Assertive communication and active listening

It is recommended that you always talk directly to the person you are in conflict with. Avoid being distracted by what other people think about the situation, and try to find a location that ensures the confidentiality of you and the other parties and is free from distractions. As well as assertively stating your perspective it is important that you use reflective and paraphrasing statements to show that you are listening to and understand the other person's perspective.

When in a conflict situation, or any other situation, it is important to use assertive rather than aggressive or passive communication. Using 'I' statements to describe your feelings and needs assists assertive communication. Saying 'I feel' or 'I need' puts the emphasis on your experience rather than blaming someone else by saying, 'You make me feel...' Using a succinct and direct 'I' statement can help you to clarify exactly what it is you are feeling and needing in the situation. Saying 'I' also means that the other party can't easily dispute what you are saying. Consider this model of assertive communication.

When

Begin the sentence with 'when' to describe the situation or issue neutrally and objectively.

Example:

'When I am not given adequate handover...'

I feel

Continue with 'I feel' to succinctly and specifically describe your feelings. Try to avoid very general terms such as 'I feel bad'.

Example:

'I feel anxious and under pressure.'

What I would like is...

A statement beginning with 'what I would like is' describes the desired outcome.

Example:

'What I would like is to have an extra 15 minutes handover at the beginning of each shift.'

Escalated conflict

Sometimes conflict situations are seen as an opportunity to air all the issues that two or more parties have with one another. This is never a good idea as it will only escalate and confuse the situation.

How to stay focused during conflict:

- ▶ Concentrate on the issue and encourage the other person to stay focused too.
- ▶ Bring the focus back to the specific issue if they bring up irrelevant information or avoid the issue.
- ▶ Use phrases such as, 'I understand that you are concerned about [...] but what we are talking about at the moment is [...]'
- ▶ Write down other issues that are raised to remind you to follow them up at a later stage.

Resolve conflict

Here are some things to avoid when trying to resolve conflict and interpersonal differences.

Things to avoid when dealing with conflict

- ▶ Generalising phrases such as accusations that start with, 'You always...' or 'You never...'
- ▶ Exaggerating the facts; the aim is to be specific about the situation and your needs, not to make the other person look bad
- ▶ Dealing with many issues as a person may feel as though being attacked and become defensive

Example

Establish, negotiate and document partnerships

Megan is the manager of a mental health service that provides case management services to a range of individuals with mental health needs. Megan's workers are often over-burdened with social calls from service users who use the service inappropriately to meet their social needs. While Megan's team values their relationships and rapport with the service users, their main role is meant to be coordination support services and not providing the support themselves.



Megan evaluates service options in the local area to see if there is an appropriate service that they can partner with to meet the individuals' social needs and decrease the burden on the service. Megan learns that there is a local service that coordinates paid and volunteer companion support services for people with mental health needs. The service is based around pairing service users with a companion who has similar interests and life experiences. The service arranges social calls to these people, both in their own homes and through community outings.

Megan contacts the manager of the service and arranges a meeting to discuss the potential for establishing a service relationship. At the meeting the managers establish that the service relationship would be mutually beneficial as often the companions complain that people burden them with mental health concerns outside the scope of their role and that they would like the option to be able to refer people onto a formal support service. Megan and the other manager arrange follow up meetings to further negotiate and document the details of the shared care service arrangement.

Practice task 8

1. What are three benefits of establishing partnerships in the mental health care sector?

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2E Develop working relationships with local service providers

As a mental health worker it is important that you remember that you are only one person in a larger care network. In order to provide holistic health care it is essential that you work collaboratively with others who form part of the individual's care network. This may involve initiating working relationships with other local service providers. This approach strengthens the capacity of the care network and means that all providers deliver a more consistent approach to the individual's recovery.

When establishing these kinds of collaborative relationships it is important that you have the consent of the individual and are transparent regarding the purpose of the working relationship. The sharing of certain information and resources may be restricted under workplace policy. You should consult your workplace policies and talk to your manager before sharing information outside your organisation.

Develop and maintain working relationships with other service providers through:

- ▶ initiating contact and making introductions through phone, email or face to face contact
- ▶ sharing information relating to the individual in compliance with privacy, confidentiality and disclosure policies
- ▶ sharing service related information, resources and tools
- ▶ sending progress updates or relevant care related information as appropriate
- ▶ following consultation processes regarding shared care support strategies.

Address a person's needs

When providing support to a person using a recovery oriented approach it is important to put the person and their needs first. This includes respecting their wishes around service selection, frequency of service usage and the extent of collaboration between services. At times this will mean respecting a person's wishes for you to not become involved in certain aspects of their life. For example, a person may request that certain information discussed with a psychologist or counsellor is not shared with their care network, even if the issue has implications for their support needs. As with any support service this decision comes back to the individual's right to autonomy and needs to be balanced with the professional's duty of care. You will need to work with the individual to determine what working relationships need to be developed and maintained in order to meet their needs.

The information below outlines human needs according to Maslow's Hierarchy of needs. These types of needs may need to be considered when developing working relationships to address an individual's unmet needs.

Physiological need and purpose

An individual's behaviour may indicate that they are hungry, thirsty or are uncomfortable in their current position. It may indicate that they are cold, hot or tired. The purpose behind their behaviour will be to satisfy these needs through receiving food, water or physical adjustment to their position or environment.

Examples of behaviours:

- ▶ An individual who is feeling dehydrated may start to rock backwards and forwards to get your attention.
- ▶ An individual may hit out at a worker if they feel the worker is going to take food away from them before they have had time to eat it.

Safety need and purpose

An individual's behaviour may be intended to gain a sense of safety in continuity, such as having the same people providing services in the same way each day. For many individuals, consistent routines are reassuring.

Example of behaviours:

- ▶ An individual may withdraw and refuse to communicate with a new worker because they do not trust them to provide services in the same way as they have been provided in the past.

Love need and purpose

An individual's need and purpose may be to secure love, affection, friendship or social or sexual intimacy. Their behaviour may be because they feel they have lost the affection of someone or wish to win the affection of someone.

Example of behaviours:

- ▶ An individual may touch a worker inappropriately or make suggestive remarks in their desire to give and receive affection.

Esteem need and purpose

An individual's need and purpose may be to regain a sense of dignity and self-respect or give themselves greater confidence. Their behaviour may also be about regaining lost social status or being acknowledged for the social roles they can take.

Examples of behaviours:

- ▶ An individual may refuse to speak to a worker because the worker does not address them with sufficient respect.
- ▶ An individual may become abusive if spoken to in a demeaning manner.

Self-actualisation and purpose

The individual’s need and purpose may be to gain the opportunity to express their creativity or problem-solving skills so that they can be recognised for their true capacity, rather than for the abilities that they do not have or have lost.

Example of behaviours :

- ▶ An individual may refuse to take part in a designated activity because it does not cater for their intellectual and problem-solving capacity.

Example

Develop working relationships with local service providers

Tua is a care coordinator who works with people who have mental health needs. As part of Tua’s role he coordinates service for James, an 18-year-old boy who has been diagnosed with bipolar disorder.

James’s care network consists of several formal services as well as several natural supports. Tua’s role largely involves maintaining communication with James’s care network in order to match his unmet needs with local support options.

Tua has a good understanding of his workplace privacy and confidentiality policies and always adheres to these when forming working relationships with other service providers to better support James’s needs.

Last week Tua asked James if it was all right to discuss his support plan and strategies with James’s counsellor Amy. James informed Tua that he felt like he was on track with his recovery plan and that one of his goals was to independently manage his appointments with Amy. For this reason James asked Tua not to disclose information about his care with Amy.

James did, however, consent to Tua making contact with James’s mentor David so that they could support each other in arranging other aspects of his service and activity support schedule.



Practice task 9

1. What are three ways that a mental health support worker can develop and maintain working relationships with other service providers?

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2. What are three important factors that a support worker should take into consideration when forming working relationships with other service providers?

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3. What are three areas of need that may be better met through the formation of working relationships between service providers?

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Click to complete Practice task 9

2F Identify role limits and make referrals to other services

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



Identify limits of own abilities, role or knowledge

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

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

- ▶ undertaking orientation when commencing a new role
- ▶ reading their position description
- ▶ reading their workplace policies and procedures
- ▶ reading the person's care plan or other documentation
- ▶ talking to their supervisor.

Seek advice and assistance

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

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

Make referrals in accordance with organisation policies and available resources

If you identify that the person you are supporting requires services that are beyond your job role or scope, you will need to refer them to other mental health professionals or service agencies. It is important to make referrals in compliance with your organisation's referral protocols so that you do not accidentally breach privacy, confidentiality and disclosure policy. The referral protocol is also there to support access and equity and make those involved accountable for ensuring that referrals are appropriate and meet the needs of the individual.



The first thing you should do before making a referral is consult the person and explain why you believe a referral is necessary. You should explain in clear language that you are either not qualified or authorised to offer the service or expertise needed by the person and that the advice of another health professional would be helpful. Always obtain written consent from the person and add this consent document in their file.

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

Availability, appropriateness and referral protocols

Before making a referral, mental health workers should make sure that they are aware of any eligibility criteria. For example, to be eligible to access residential aged care, a person may need to have Aged Care Assessment Team (ACAT) assessment documentation stating that they are eligible and have physical, medical, social or psychological needs that require residential care. If a the individual does not meet the eligibility criteria then the referral will be rejected, resulting in the continuation of unmet needs for a prolonged period of time while a new referral to an appropriate service is made. By checking the referral is appropriate the worker will ensure that the individual receives the care they need in the shortest possible timeframe.

It is also useful to consider both the available local and state services. For example, there is a range of state services including mental health services, drug and alcohol services, child protection services, advocacy services, and counselling services such as Beyond Blue and Headspace. There may also be local services that offer counselling, housing, drug and alcohol rehabilitation, child support, respite services, care co-ordination, specialty mental health services and many others. When making a referral the worker should consider the availability of each service to ensure that the referral will result in the adequate access and support required to meet the individual's needs.

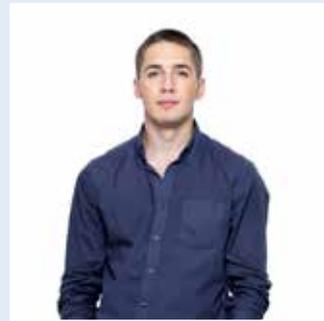
Referral process considerations:

- ▶ How you make the referral; for example, telephone, fax, online, sent via mail, face to face
- ▶ Information to be included on the referral; for example, personal contact details, current history relevant to the referral, information about the services and specialist care the individual currently receives
- ▶ Consent; that is, permission from the individual to make contact with other services and specialists
- ▶ Attachments; for example, other documentation that must accompany the referral such as a letter from a doctor or specialist

Example

Identify role limits and make referrals to other services

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



Practice task 10

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

Case study

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

The mental health worker, Alana, recognises that there are a number of issues impacting on Elizabeth’s ability to comply with the strategies, which fall out of the scope of her role. Alana seeks consent from Elizabeth to refer her on to some specialists and external support services.

1. What are three ways that Alana could clarify the duties of her role, in order to work according to the scope of her position?

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2. What are two important factors that Alana should take into consideration when referring an individual to another service provider?

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3. Name three professionals Alana may refer to in order to provide support services outside of the scope of their role.

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Click to complete Practice task 10

Summary

1. As a mental health worker you will be required to have a good general knowledge of existing local services and to build relationships with those services as directed by the needs of service users.
2. It is the role of a mental health worker to provide guidance and facilitation services to help individuals identify and access the support options that meet their individual needs.
3. As a mental health worker it is your responsibility to make sure you establish networks and local contacts in order to optimise service availability and meet the individual's needs
4. When establishing a network it is important to involve the individual, their family and their carers to ensure that all of the appropriate support services have been identified and discussed as support options.
5. Working within the recovery process means that the support workers needs to help the individual weigh up the benefits and limitations of each service option and choose the one that best fits with their goals and needs.
6. A multidisciplinary approach involves combining the knowledge and skills of many different workers from different disciplines to devise a care plan that meets the holistic needs of a person accessing a service.
7. There is an ever growing focus on developing and maintaining working relationships, service networks and partnerships in the mental health care sector.
8. By working collaboratively with other services, each service can more sustainably and holistically meet the complex needs of an individual with mental health needs.
9. When working in such a diverse care network it is important that each person has a clear understanding of the duties and limitations of their role and the roles of the multidisciplinary team.
10. It is important for community support workers to use communication skills such as 'I' statements and active listening to avoid, diffuse and resolve conflict in the workplace, between services and with service users.
11. In order to provide holistic health care it is essential to work collaboratively with others who form part of the individual's care network by initiating working relationships with other local service providers.
12. When establishing collaborative service relationships it is important that workers have obtained the consent of the individual and are transparent regarding the purpose of the working relationship.
13. It is important to always work within the scope of your own role and to make appropriate referrals to other professionals and services as required to best meet the recovery goals of the individual.

Learning checkpoint 2

Develop effective working relationships with other services

This learning checkpoint allows you to review your skills and knowledge in developing and maintaining effective working relationships with other services and programs.

Part A

1. What is meant by the term 'establish' with regards to a partnership in the mental health care sector?

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2. What is meant by the term 'negotiation' with regards to a partnership in the mental health care sector?

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3. What documentation applies to partnerships in the mental health care sector?

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4. Explain the use of 'I' statements and active listening in the conflict resolution process.

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- Why might a mental health worker be required to refer an individual to another service?

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Part B

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

Case study

Ellen has just started a new job as a care coordinator in the mental health care sector. Ellen's first day on the job was quite overwhelming as she soon realised that not only does she have to learn about all of the individuals who access the service, but she must also establish relationships with the local service providers.

As part of Ellen's orientation, a colleague named Ken gives Ellen a run-down on some of the local services and contacts within those organisations. Ken explains to Ellen that her relationships with others in a person's care network will allow her to better meet the needs of the individuals accessing their service.

Ken explains to Ellen that there are many different kind of working relationships and that it is very important to follow their organisation's confidentiality, consent and documentation procedures when dealing with other agencies.

Ellen takes all of this information in her stride and sets out to better understand her role and the role of others in both her own multidisciplinary team and the roles of others within the service users' various care networks.

- What is Ellen's role with regards to establishing networks in order to increase service options for individuals who access her service?

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- What are two potential reasons that Ellen may undertake research to understand local service availability?

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- List three groups of people who Ellen may need to establish a network with in order to increase an individual's service options.

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4. What are three ways that Ellen can find out information about local service options?

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5. What are four community services that Ellen may need to evaluate as potential local service options for the people who access her care coordination service?

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6. Why is it important for Ellen to evaluate the benefits and limitations of local services?

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7. What is a multidisciplinary team approach and how will individuals benefit from Ellen applying this approach to care coordination services?

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8. List five people who might be included in the multidisciplinary team that Ellen has recently joined.

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9. Why is it important for Ellen to clarify her role and the roles of the team in order to support the people accessing her care coordination services?

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10. What are three benefits of Ellen facilitating the establishment of partnerships in the mental health care sector?

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11. What are three ways that Ellen can develop and maintain working relationships with other service providers?

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12. What are three important factors that Ellen should take into consideration when forming working relationships with other service providers?

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13. According to Maslow's Hierarchy of Needs, what are three types of needs that may be better met if Ellen forms working relationships with other service providers?

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14. What are three ways that Ellen could clarify the duties of her role, in order to work according to the scope of her position?

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15. What are two important factors that Ellen should take into consideration when referring an individual to another service provider?

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16. Name three professionals Ellen may refer to in order to provide people with support services outside of the scope of her role.

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Topic 3

In this topic you will learn how to:

- 3A Collaborate to review referrals and services offered**

- 3B Identify gaps or additional services needed**

- 3C Negotiate and advocate to ensure programs meet individuals' recovery goals**

- 3D Identify and address difficulties experienced with the services**

Review and monitor services provided by other organisations and programs

Continuous improvement and quality practices underpin the delivery of evidence-based and effective mental health care services. As a community support worker you will be required to participate in quality-improvement initiatives in your workplace. This will include responsibilities such as reviewing referrals and services offered, performing a gap analysis, identifying unmet needs, advocating for service changes and adjusting support plans to better suit the changing needs of the individual with mental health needs. These quality initiatives are essential for the provision of high quality holistic mental health care and ensure that services and care networks are catering to the needs of the individual in a way that best achieves their recovery goals.

3A Collaborate to review referrals and services offered

Reviewing referrals and deciding on which services to offer will be an important part of your role as a mental health support worker. The purpose of the review is to evaluate the appropriateness and effectiveness of the referrals in order to optimise the outcomes of the individual's service options and care network. The review process can take place on many levels; for example, the review may just incorporate the immediate care team within your organisation. Alternatively, the process may involve the wider care network and involve a more extensive review of referral and care pathways and whether service networks, coordination, collaboration and partnerships are effectively meeting the support needs of the community as a whole.

A review may take place for a number of reasons, including those shown in the list below. Each represents an opportunity for you to work with the individual and the relevant service providers to improve their existing support plan. Various reasons for undertaking review are described below.

Reasons for undertaking a review

- ▶ a periodic review is part of the standard policy for all support plans in your organisation
- ▶ the individual, family member or advocate expresses a need for a review
- ▶ an incident report is lodged to indicate that a new behaviour of concern has occurred; for example, a behaviour that is violent or self-harming
- ▶ a team member alerts you to the fact that they have observed the individual reverting to the original behaviour of concern
- ▶ new triggers or setting events are identified that influence the individual's behaviour

Review referrals and services offered

The review process will help you identify whether it is necessary to make improvements or modifications to the referrals and services offered. It is important that all relevant members of the care network are consulted regarding the review process. The reason for this is that each person plays a different role in supporting the individual, and can therefore offer unique and valuable insights into whether support services are meeting the individual's needs.

A review process involves:

- ▶ reassessing the individual's goals and progress
- ▶ reassessing the strategies in place
- ▶ reassessing the team of people involved
- ▶ modifying the individual's environment
- ▶ modifying the time lines
- ▶ reassessing your expectations of progress
- ▶ requesting a new functional or cognitive assessment.

Review effectiveness

When reviewing the effectiveness of referrals and offered services, there are a number of questions that you can ask to get the required information, as shown below. Once again, each member of the team should be asked these questions and then the collaborative answers should form the basis of the review process.

Questions relevant to evaluating the referrals/services:

- ▶ Has the referral/service resulted in the desired changes or outcomes?
- ▶ Have the objectives of the strategies been met?
- ▶ Are each of the strategies working effectively?
- ▶ Is the individual continuing to commit to the recovery plan?
- ▶ Is progress taking place in the direction and at the rate anticipated?
- ▶ Are additional changes needed to meet changing needs or interests?
- ▶ Is the referral/service providing value for money to the funding body?
- ▶ Are there any new objectives that need to be incorporated?
- ▶ Have any factors emerged that you were not aware of, and if so, how can these be addressed?

Example

Collaborate to review referrals and services offered

Miyuki is part of a team of professionals who provide support services to people with mental health care needs. Simon is a young man who accesses the services provided by Miyuki and her team. Miyuki receives a phone call from Simon's mother raising some concerns she has about the effectiveness of Simon's current support strategies. Miyuki feeds this information back to her team and it is decided that they should formally review Simon's referral and the offered services.



Together Miyuki and her team work through a series of questions to identify whether or not any changes are required to the current support plan. Miyuki's job is to collate the information from each member of the team regarding whether or not they feel the referral/service is resulting in Simon moving towards his recovery goals. Overall the team feels that Simon is improving, but only in some areas. For example, Simon is successfully attending his work shifts but is failing to manage the stress of his study time table.

The team members agree that they need to further investigate Simon's unmet needs so that they can identify where additional or alternate services might be required.

Practice task 11

1. List two reasons why a team might review mental health referrals and services offered.

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2. List three steps that might be involved in the process of reviewing referrals and services offered.

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3. What are three questions that a mental health worker could ask in order to evaluate the effectiveness of referrals and services offered?

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Click to complete Practice task 11

3B Identify gaps or additional services needed

No one service will be able to provide for all the complex needs of a person living with mental health illness. An important part of holistic care involves evaluating the individual's needs and assessing whether the overall care network is sufficiently meeting those needs. A gap analysis allows you to look at the person as a whole and identify ways in which additional supports may help that person to meet their goals and participate in their community of choice.

There are many different ways that you can identify service gaps.

You can identify gaps or additional service needs by:

- ▶ identifying the individual's needs and map them against the services included in their recovery plan
- ▶ asking the individual if they feel they have any unmet needs or need additional support or opportunities
- ▶ asking the individual's family if they have identified any unmet needs or the need for additional support or opportunities
- ▶ asking other care providers if they have identified any unmet needs or the need for additional support or opportunities
- ▶ reviewing the recovery plan to assess whether the strategies are achieving the outcomes; if not, it may indicate unmet needs.

Assess the gaps

There are a number of formative health and mental health assessments that may be useful in identifying an individual's unmet needs. One such assessment is the Depression Anxiety Stress Scales (DASS). Most of these clinical assessments will require a referral to a mental health specialist such as a psychologist, psychiatrist or social worker.

There are, however, many common signs of unmet needs that a support worker should be aware of in order to identify the need for additional supports. Some examples of such signs are described below.

Signs of unmet needs

- ▶ Avoidance of, or the absence of, involved professionals required for a specific health condition
- ▶ Lack of equipment, medication and supplies required for the management of a condition
- ▶ Poor hygiene
- ▶ Theft or constant reported hunger and requests for food or other needs
- ▶ Questions that reveal a lack of knowledge of important health related information relevant to the individual
- ▶ Crying outbursts, anger or lack of emotional response that may indicate an unmet emotional need

- ▶ Overly friendly or sexual behaviour towards workers (may be a sign of loneliness and need for companionship)
- ▶ Socially inappropriate behaviour or behaviour that threatens the health of the individual or those around them

Example

Identify gaps or additional services needed

Ebony is a 28-year-old female who was recently diagnosed with schizophrenia. Ebony has been having ongoing difficulties with managing work, study and finances. Ebony is a single mother and has a two-year-old son named Zac. A few recent reports have meant that child services have become involved with Zac's welfare. Ebony has identified that she wants to be able to provide care for Zac but also wishes to work and study too. Ebony does not have many natural supports and has not had anything to do with her immediate family in over three years.



Mindy, Ebony's mental health support worker, has noticed that Ebony often asks questions about her illness that reveal a lack of useful knowledge and information. Ebony is also prone to emotional outbursts and socially inappropriate behaviour at times.

Mindy identifies that some of these things could be signs of unmet needs and that Ebony may need additional support services to help meet her recovery goals. Mindy discusses these things with her supervisor who agrees that the team should undertake a gap analysis to identify service gaps in Ebony's support plan. Mindy's supervisor reminds the team that a recovery oriented approach requires Ebony to help them to identify her unmet needs and develop strategies to meet her recovery goals.

Practice task 12

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

Case study

Toby is a 20-year-old male who has been diagnosed with having anxiety and depression. Toby's general practitioner gained his consent to refer him to a mental health support service. As part of the service, a care coordinator named Declan works with Toby to help link him with supports that will help him to best achieve his goals. Declan has explained to Toby that he will require a range of services to best support his needs and that the support strategies may need to change as Toby changes or sets new goals. In order to provide Toby with the best possible support, Declan arranges for the team to complete a service gap analysis. This analysis involves discussing how Toby is going and identifying any unmet needs along the way.

1. Why is it important for Declan to identify Toby's unmet needs?

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2. What are three ways that Declan can identify Toby's unmet needs?

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3. What are three signs or behaviours that could indicate that Toby has unmet needs?

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Click to complete Practice task 12

3C Negotiate and advocate to ensure programs meet individuals' recovery goals

Many people living with mental health needs benefit greatly from having others stand by their side and advocate for their rights and needs. Advocacy is the process of speaking out on behalf of another individual in a way that best represents the interests and needs of that individual. The aim of this process is to support the individual by bringing about beneficial outcomes in such a way that empowers the individual and increases their control over their life and choices.



One way that support workers can advocate for an individual is through negotiating and requesting changes to existing services and programs so that they better suit the needs of the individual. This may involve changing the existing strategies and service options to better suit the goals of the recovery plan, adjusting existing services or advocating for entirely new services.

Negotiate and advocate to meet recovery goals

There are many different ways that advocacy can help ensure that a program is meeting an individual's recovery goals. This includes making sure an individual's rights are met within the program through speaking, acting or writing on behalf of an individual to achieve the intended outcome. An example of this may include adding wheelchair access to a community centre to increase accessibility to those living with a physical disability. Changes to programs do not always have to be costly; sometimes just altering the eligibility criteria, the program location, the seating, the lighting and the sound can be enough to meet the needs of someone with mental health needs. Additionally, programs may make exceptions around the rate and duration of attendance and the involvement of support workers coming along with someone to the program.

The information below outlines rights that may require advocacy or negotiation to better align a program with an individual's recovery goals.

Rights that workers may need to negotiate or advocate

- ▶ Privacy, confidentiality and disclosure
- ▶ Identity, respect and dignity
- ▶ Information, informed consent and informed decision making
- ▶ Autonomy, choice and control
- ▶ Make complaints and access dispute resolution processes
- ▶ A non-discriminatory service and community
- ▶ Human rights and legal rights

Example

Negotiate and advocate to ensure programs meet individuals' recovery goals

Sonia is a sixteen-year-old girl who has a diagnosis of Autism Spectrum Disorder (ASD). Sonia enjoys music but becomes distressed in crowds and when touched or looked at directly by other people. Sonia likes to be positioned near the door whenever inside a building. A local musical group performs weekly at a community hall near Sonia's house. Sonia's support worker, Barry, has tried to take Sonia to a few performances but she has become distressed by all of the people lined up to enter the show.



Barry talks to the theatre group manager and explains the situation. He advocates for some changes that he feels would enable Sonia to attend the show. Barry requests that he and Sonia be allowed to enter half an hour before the doors officially open to bypass the crowd. He also requests that Sonia have a single extra chair added onto the end of a row so that he can give her extra space away from his one seat. Barry requests that their row be located near the back or side exit so that if it all becomes too much Sonia can leave without causing a disruption.

The theatre group happily obliges Barry's requests and the changes now mean that Sonia enjoys going to the musical performances almost every week. Sonia's mother reports that since this change has taken place she notices that Sonia smiles more and sings on the days following the shows.

Practice task 13

1. What is meant by the term 'advocacy' and how does it apply to supporting people with mental health needs?

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2. List three rights or needs of an individual that a support worker might negotiate or advocate for.

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3. What are some possible changes to a service that a support worker might negotiate or advocate on behalf of an individual, to better meet their needs?

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Click to complete Practice task 13

3D Identify and address difficulties experienced with the services

Continually adapting service delivery to a person will be necessary as their circumstances change. There may be changes in their needs and goals, or changes might be required due to outside factors such as accommodation or employment. As a support worker you will work in collaboration with the person and others to solve problems and make sure that their needs and rights are met. Use your organisation's policies and procedures for recording changes regarding existing services, referring to a new service and adding or removing support as required.



Identify and address any difficulties

It is not unusual for a person to face difficulties in meeting the goals of their recovery plans. One of the roles of a mental health worker is to help the individual to resolve difficulties that arise from other services. It is important to work through these difficulties with the individual in order to fully establish what the difficulty is and how it impedes on the recovery goal. This approach allows the individual to identify whether the difficulty is a result of the service structure and delivery or if it is arising from a personal difficulty of their own that is impacting on how that service is being received.

Strategies to address these difficulties or barriers can then be developed in collaboration with the person and others, such as a supervisor, using problem-solving skills. When new strategies are developed they must be incorporated into the person's recovery plan.

Here are some suggested strategies that can be used by mental health workers to address common barriers experienced by people with mental health needs.

Symptoms

- ▶ Erratic illness symptoms may affect motivation to start new activities or cause anxiety when engaging in new activities.
- ▶ Consult with the psychiatrist to discuss illness symptoms and seek advice about appropriate interventions.
- ▶ Match activities to motivation so people are not set up to fail.
- ▶ Find out what the person really enjoys doing and whether they will engage in these activities even when feeling demotivated or anxious.
- ▶ Build on small successes to help foster confidence and competence.
- ▶ Time activities to take advantage of episodes when motivation is high or anxiety is reduced.

Medication

- ▶ Medication side effects, such as difficulty with concentration and memory, may make it hard to engage in activities.
- ▶ Consult with the psychiatrist to discuss side effects and whether alternative medication is possible.
- ▶ Manage the side effects if possible and develop aids for memory and concentration such as providing written instructions or lists.
- ▶ Identify the person's strengths and how these can be utilised in employment.
- ▶ Explore job choices with the person that are appropriate to their level of concentration and memory.

Resources

- ▶ Limited local resources, particularly for people living in rural and remote areas, can be a barrier.
- ▶ Organise for services from outside of town to visit regularly.
- ▶ Utilise state or national services such as Centrelink social workers or Australia-wide telephone counselling services.
- ▶ Work with other service providers to fund and establish new services.
- ▶ Lobby local members of parliament for additional resources in the area.

Service delivery

- ▶ Service delivery, such as limited access to emergency relief, can be restricted.
- ▶ Know when more funds or resources are to become available; for example, emergency relief funds are often released by agencies four times per year.
- ▶ Access services that are available state-wide such as health departments or family and children's services.
- ▶ Place the person's name on as many relevant service lists as possible, such as for supported accommodation.
- ▶ Keep up to date with referral information as it can change.

Waiting periods

- ▶ Waiting periods for appointments can be long due to high demand for services such as financial counselling.
- ▶ Call regularly to see if any extra appointments have become available. If the agency experiences a lot of 'no shows', the person could be placed on a stand-by list.
- ▶ Find out if there is interim assistance available, such as over-the-phone advice.
- ▶ Find out if there are any other services that can assist while waiting for an appointment; for example, legal help lines.
- ▶ If the matter is a crisis, advocate to the service for an urgent appointment.

Variations in service delivery

Decisions made about variations and changes to the service delivery and how to implement them should be made in discussion with the person with mental health needs. This should be done in collaboration with the individual, service supervisors, support workers and others in the care network as required. Minor changes to a delivery of a service may be made by the mental health worker without consulting with or getting permission from their supervisor; however, position descriptions, job roles and organisational policy and procedures all provide guidance about the level of autonomy workers have in implementing changes to services.

Variations to service delivery may include:

- ▶ changes in the person's life or circumstance
- ▶ amending or replacing recovery goals
- ▶ ceasing a strategy
- ▶ implementing a new strategy
- ▶ changing external service providers
- ▶ depleted or increased resources.

Adapt the service delivery to meet needs

Adapting service delivery to meet a person's specific needs and requirements is common. Recovery plans must be dynamic, flexible and able to be modified to reflect changes in the person's circumstances. Circumstances can change in a number of ways that can impact on a person's mental health and their care and support needs. Here is a summary of some of the changes a person might experience.

Mental health

As a person makes progress to improve their mental health, they may become less reliant on services and support. If their condition worsens or they develop new conditions, they will need increased support. Their ability to recognise, manage and/or seek assistance with symptoms will also fluctuate over time.

Dual diagnosis

People with alcohol and drug dependencies may experience a relapse. Other people may turn to drugs and alcohol for the first time in an attempt to deal with the diagnosis and symptoms of their mental illness.

Moving accommodation

Moving house is challenging for most people but the challenges can be greater for people with mental illness; their support network may change and they might need to access alternative services.

Living arrangements

The person they live with may divorce them, move out or pass away, reducing the amount of support they have in their home. Alternatively, they may move in with another person, decreasing the support they need from others. Relationships at home can have a significant impact on a person's mental health, positive or negative.

Financial

The value of the person's superannuation may decrease, their partner may stop working or they may no longer be eligible for government financial support. Conversely they may inherit money, receive a superannuation payment or other lump sum, or ongoing payments.

Reflective practice, growth and learning

The commitment to quality practice is a professional obligation for support workers, and therefore workers should aim to apply reflective practice when working with the people they support. Reflective practice requires a worker to undertake critical self-reflection to clarify values, refine skills and to use self-monitoring as a means to improve practice. This exercise should become a regular component of your work and can be formalised to be undertaken with the assistance of your supervisor.



According to the *National standards for mental health services 2010*, there should be a formal quality improvement program incorporating an ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to individuals. In terms of evaluating recovery for people, it's vital that 'services demonstrate that they use the individual's experiences of care to inform quality'.

Employers expect mental health workers to be committed to continuous quality improvement, in their own practice as well as in following the policies and procedures of the agency. Reflective practice underpins continuous improvements and on-going learning, growth and good practice.

Read more about The National standards for mental health services 2010 at: <http://aspirelr.link/national-standards-mental-health>

Example

Identify and address difficulties experienced with the services

Coby is a 30-year-old woman living with bipolar. Coby has been in and out of hospital for years due to fluctuations in her illness and her tendency to self-harm when her strategies fail. Coby has been managing her symptoms really well for the past six months and is making good progress towards her recovery plan goals. Unfortunately, last week Coby was told by her landlord that her rental accommodation is being sold and that she needs to move out by the end of the month. This change has been very stressful for Coby and has significantly increased her anxiety levels. To make matters worse, Coby has been unable to get an appointment with her usual social worker due to short staffing and a higher than usual volume of new referrals.



Coby's case worker, Andrew, discusses these concerns with Coby and they both agree that an interim support is needed to ensure that Coby manages these stressful changes. Andrew arranges a referral to a local counselling service, as well as arranging some support through Coby's agent at community housing. Together they help support Coby to navigate the changes and effectively manage her anxiety levels.

Practice task 14

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

Case study

Kathy has been living with an anxiety disorder for several years and she uses alcohol and marijuana daily. Her sister was caring for her two children but they have recently returned to Kathy's care. Kathy states that her priority now is to effectively parent her two children. This change in circumstance significantly alters Kathy's recovery goals and so an appointment is made with her support worker to amend the recovery plan. Meanwhile, Aaron, a mental health worker, clarifies with Kathy effective strategies to meet her amended goals and service providers who may be able to assist.

1. What are three factors that may require Kathy's existing services to be varied?

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2. List two factors that might cause Kathy difficulty in achieving her recovery goal. Provide a support strategy to overcome each example.

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3. Why is it important for Aaron to participate in continuous quality improvement through reflective practices?

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Click to complete Practice task 14

Summary

1. Reviewing referrals and deciding on which services to offer is an important part of the role of a mental health support worker.
2. The purpose of the review process is to evaluate the appropriateness and effectiveness of the referrals in order to optimise the outcomes of the individual's service options and care network.
3. It is important that all relevant members of the care network are consulted regarding the review process.
4. An important part of holistic care involves evaluating the individual's needs and assessing whether the overall care network is sufficiently meeting those needs.
5. A gap analysis allows a support worker to look at the person as a whole and identify ways in which additional supports may help that person to meet their goals and participate in their community of choice.
6. Advocacy is the process of speaking out on behalf of another individual in a way that best represents the interests and needs of that individual.
7. There are many different ways that advocacy can help ensure that a program is meeting an individual's recovery goals, including achieving an individual's rights within the program through speaking, acting or writing on behalf of an individual to achieve the intended beneficial outcome.
8. Continually adapting service delivery to a person will be necessary as their circumstances change.
9. Service may need to be adapted due to changes in an individual's needs and goals, or changes might be required due to outside factors such as accommodation or employment changes.
10. The commitment to quality practice is a professional obligation for support workers and therefore workers should aim to apply mindful practice, which requires critical self-reflection to clarify values, refine skills and to use self-monitoring as a means to improve practice.

Learning checkpoint 3

Review and monitor services provided by other organisations and programs

This learning checkpoint allows you to review your skills and knowledge in reviewing and monitoring services provided by other organisations and programs.

Part A

1. Why is it important to collaborate with others when reviewing referrals and services offered?

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2. What is meant by the term 'advocacy'?

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3. What is the aim of advocacy and how can support workers advocate for an individual's rights and needs?

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4. List three rights or needs of an individual that a support worker might negotiate or advocate for.

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5. List two strategies that could be used to address difficulties resulting from an individual's mental health symptoms.

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6. List two strategies that could be used to address difficulties resulting from an individual's medication-related loss of memory.

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7. List two strategies that could be used to address difficulties resulting from limited local resources in an individual's area.

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8. Name one strategy that could be used to address difficulties resulting from the available service delivery in an individual's local area.

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Part B

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

Case study

Jarred is a mental health worker who works in a team of professionals who deliver care coordination services to people with mental health needs. Liam is a 20-year-old male living with depression. He has been accessing mental health services for a few years. Liam's recovery goals are aimed around finishing his university degree and becoming a nurse, and also managing to financially support himself through his part time job. Liam has recently moved house and is 20 minutes away from his previous community. Prior to the move Liam was managing his moods so well that his psychiatrist decreased his medications and encouraged him to continue to attend the young adult social group at his local church. Liam does not drive and there is limited available public transport between his new home and places he use to attend in the community. Liam's social worker, Anne, has raised these concerns with Jarred and feels that a needs analysis and a review of the current referrals and service options may be necessary.

1. List two reasons why Jarred's team might review the mental health referrals and services that are currently offered to Liam.

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2. List three steps that might be involved in the process of reviewing referrals and services offered to Liam.

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3. What are three questions that Jarred could ask in order to evaluate the effectiveness of referrals and services offered to Liam?

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4. Why did Anne feel that it was important for Jarred to identify Liam's unmet needs (service gaps)?

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5. What are three ways that Jarred could use to identify Liam's unmet needs (service gaps)?

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6. What are three signs or behaviours that could indicate that Liam has unmet needs (service gaps)?

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7. What are three possible changes to community programs that Jarred might negotiate or advocate for, to better meet Liam’s needs?

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8. What are three factors that may require Liam’s existing services to be varied?

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9. List three changes in personal circumstance that may require Liam’s service options or support strategies to be adapted to better meet his needs.

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10. List two potential factors that might cause Liam difficulty in achieving his recovery goals and provide a support strategy to overcome each example.

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11. Why is it important for Jarred to participate in continuous quality improvement through reflective practices?

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