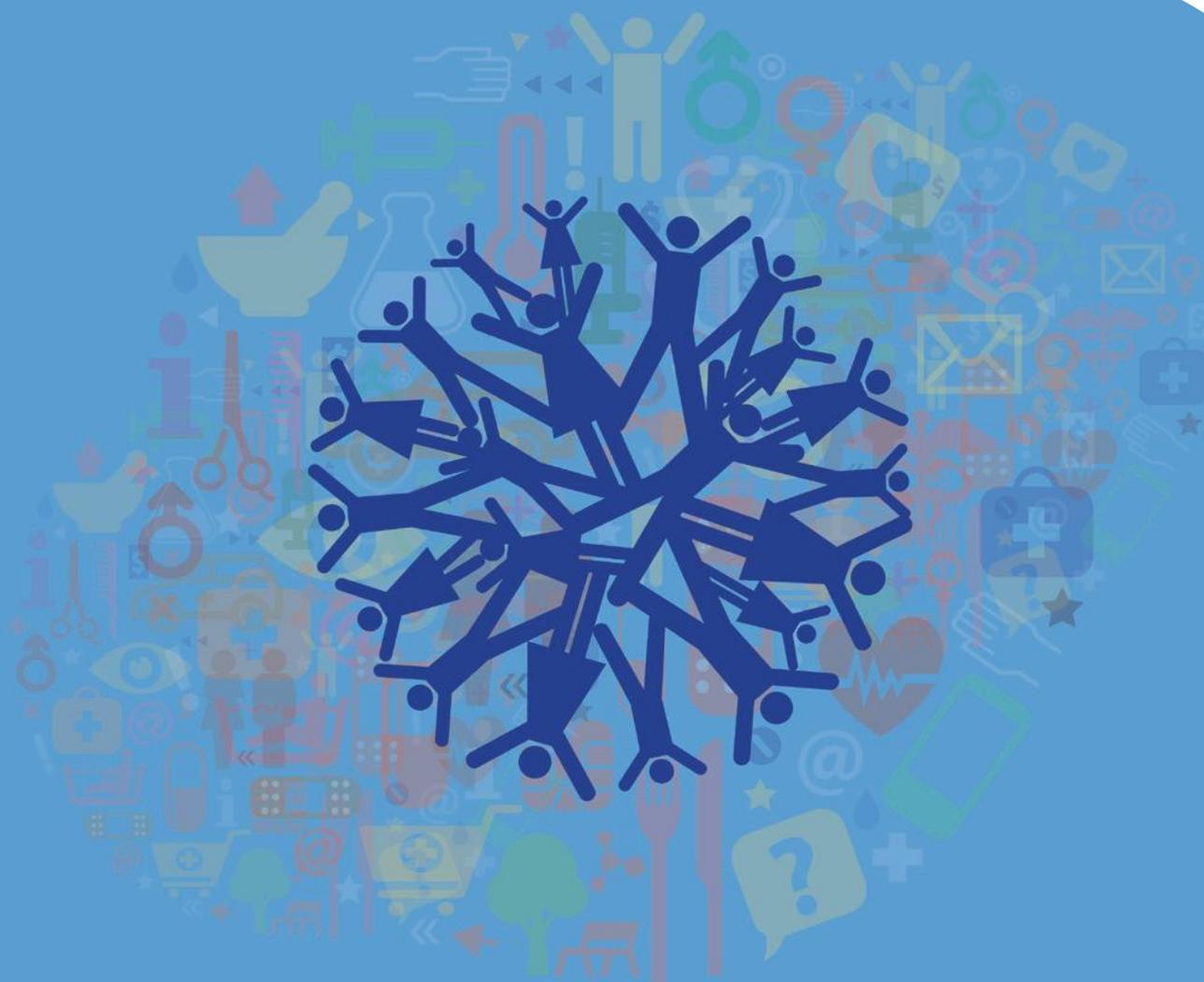


CHCMHS001

Work with people with mental health issues

Release 1



Learner guide

CHCMHS001

Work with people with mental health issues

Release 1

Learner guide

Aspire version 1.3



Copyright Warning

This product is copyrighted to
Aspire Training & Consulting
(ABN 51 054 306 428).

Aspire Training & Consulting owns all copyright to its products. Except as permitted by the *Copyright Act 1968* (Cth) or unless you have obtained the specific written permission of Aspire Training & Consulting, you must not:

- reproduce or photocopy this product in whole or in part
- publish this product in whole or in part
- cause this product in whole or in part to be transmitted
- store this product in whole or in part in a retrieval system including a computer
- record this product in whole or in part either electronically or mechanically
- resell this product in whole or in part.

Aspire Training & Consulting:

- invests significant time and resources in creating its original products
- protects its copyright material
- will enforce its rights in copyright material
- reserves its legal rights to claim its loss and damage or an account of profits made resulting from infringements of its copyright.

Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, Version 1.3	January 2019	Minor corrections as part of our continuous improvement program
Release 1, Version 1.3	February 2020	Updated and amended as part of our continuous improvement process

Aspire is committed to developing quality resources that meet the needs of our customers. However, occasionally Aspire finds, or is notified of, errors. Please refer to our website at www.aspirelr.com.au to see if there are any updates that may be relevant to you.

Every effort has been made to ensure the information in this book is accurate; however, the author and publisher accept no responsibility for any loss, damage or injury arising from such information.

Except where an information source is acknowledged, the names and details of individuals and organisations used in examples are fictitious and have been devised for learning purposes only. Any similarity to actual people or organisations is unintentional.

All websites referred to in this unit were accessed and deemed appropriate at time of publication.

Aspire Training & Consulting apologises unreservedly for any copyright infringement that may have occurred and invites copyright owners to contact Aspire so any violation may be rectified.

CHCMHS001 Work with people with mental health issues Release 1

© 2017 Aspire Training & Consulting
Level 1, 464 St Kilda Road
MELBOURNE VIC 3004 AUSTRALIA
Phone (03) 9820 1300

First published April 2017

Reprinted (with amendments) January 2019

Reprinted (with amendments) February 2020

Cover design Rewind Creative

Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street,
Port Melbourne VIC 3207

e-ISBN 978-1-76059-928-7 (PDF version)

ISBN 978-1-76059-926-3

Contact details

Participant

Name:

Start date:

Phone number:

Email:

Work location

Name:

Address:

Postal address:

Workplace supervisor name:

Phone number:

Fax:

Email:

Registered Training Organisation (RTO)

Name:

Address:

Postal address (if different):

Phone number:

Fax:

RTO contact name:

Mobile:

Email:

Contents

Before you begin	vii
Topic 1 Establish respectful relationships	1
1A Communicate to develop and maintain respect and self-direction	2
1B Work in a way that prioritises the person's rights to direct their own recovery	8
1C Recognise and respect the person's social, cultural and spiritual differences	13
1D Support the person to understand and exercise their rights	21
1E Maintain confidentiality and privacy of the person	26
Summary	30
Learning checkpoint 1: Establish respectful relationships	31
Topic 2 Determine the needs of people with mental health issues	35
2A Gather and interpret information about the person's needs	36
2B Discuss with the person strategies that support empowerment and recovery	43
2C Support the person to express their own identity and preferences without imposing own values	47
2D Identify duty of care and dignity of risk considerations with the person	50
Summary	53
Learning checkpoint 2: Determine the needs of people with mental health issues	54
Topic 3 Work to meet aspirations and needs	57
3A Provide support to achieve a person's goals in collaboration with the person and others	58
3B Work in ways that uphold the person's rights	62
3C Adapt service delivery within organisation policies and procedures to meet the person's needs	71
3D Document interactions and services according to organisation policy and procedures	77
3E Respond promptly to support people experiencing distress or crisis	83
3F Work within own limits and make referrals to other services according to the person's needs	87
Summary	90
Learning checkpoint 3: Work to meet aspirations and needs	91

Before you begin

This learner guide is based on the unit of competency *CHCMHS001 Work with people with mental health issues*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. 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 
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 Establish respectful relationships	1A Communicate to develop and maintain respect and self-direction	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Work in a way that prioritises the person's rights to direct their own recovery	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Recognise and respect the person's social, cultural and spiritual differences	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Support the person to understand and exercise their rights	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Maintain confidentiality and privacy of the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Determine the needs of people with mental health issues	2A Gather and interpret information about the person's needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Discuss with the person strategies that support empowerment and recovery	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Support the person to express their own identity and preferences without imposing own values	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Identify duty of care and dignity of risk considerations with the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Work to meet aspirations and needs	3A Provide support to achieve a person’s goals in collaboration with the person and others	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Work in ways that uphold the person’s rights	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Adapt service delivery within organisation policies and procedures to meet the person’s needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Document interactions and services according to organisation policy and procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Respond promptly to support people experiencing distress or crisis	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3F Work within own limits and make referrals to other services according to the person’s needs	<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 Communicate to develop and maintain respect and self-direction**

- 1B Work in a way that prioritises the person's rights to direct their own recovery**

- 1C Recognise and respect the person's social, cultural and spiritual differences**

- 1D Support the person to understand and exercise their rights**

- 1E Maintain confidentiality and privacy of the person**

Establish respectful relationships

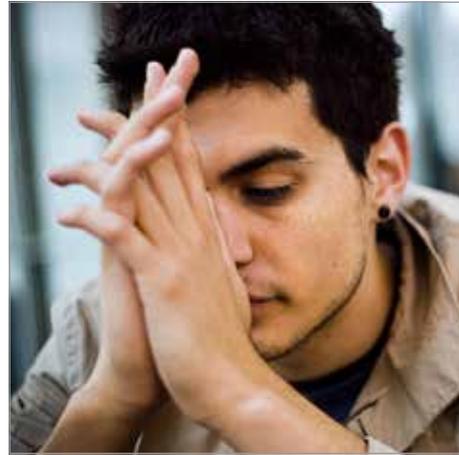
Establishing respectful relationships provides the foundation to successfully support people affected by mental illness. When respect, hope, trust and self-direction have been established, people can feel empowered. When people feel respected and understood, they are more willing to engage in an open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

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

This topic explores changing attitudes to mental health in a historical and social context and looks at government policies and current economic circumstances that affect the mental health sector. Effectively engaging with people and establishing respectful relationships supports individuals to understand and exercise their rights.

1A Communicate to develop and maintain respect and self-direction

To develop a respectful relationship with a person with mental health needs, it is important to have an understanding of the common key issues that many people face. People with mental illness face a range of barriers that can impact on their recovery. Such barriers might stem from misconceptions based on a lack of knowledge and community understanding, and can result in discrimination and prejudice. The attitudes of others might cause a person with mental illness to set up internal barriers that inhibit their recovery and can lead to low self-esteem and a lack of belief in themselves. Developing a positive relationship based on respect and understanding of these barriers means that the person is more likely to exercise their rights and direct their own recovery.



Key issues of discrimination and prejudice

A person with a mental illness must work with the symptoms of their illness, as well as with a range of social barriers. Social barriers arise because of a lack of knowledge about mental illness, and the fear and stigma associated with it in the wider community. Stigma and social barriers cause social exclusion, which affect a person's ability to work towards their aspirations and needs. Also it can limit access to employment, accommodation and their ability to participate in social activities. In



order to develop a respectful relationship, you need to be aware of the barriers that impact the lives of people with mental illness.

At times, some people may be prejudiced and discriminate against a person with mental health needs. To be prejudiced means to think or feel less favourably about someone; to discriminate is to treat someone unfairly or to favour others. This may occur when there is a mix of cultures and when people don't understand cultural differences. Discrimination is unacceptable and is against the law.

Social barriers and their impact on a person

People with mental illness face a range of social barriers that 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, lack of appropriate resources and services. Often the person themselves 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 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.

Internal barriers facing people with mental health needs

Stigma may create internal barriers for people 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 and 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.

Systemic barriers in the health sector

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

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

Lack of access to accommodation and work

- ▶ Many people with mental illness live a life of extreme hardship because of a lack of opportunities and services to help them obtain work and suitable accommodation. Many live on disability pensions, meaning they continually struggle to make ends meet and can only afford the most basic accommodation. Lack of access to jobs or other opportunities for earning entrenches poverty and causes stress that may worsen mental illness.

Lack of appropriate government policies

- ▶ When widespread stigma exists against a marginalised group of people, governments and policy-makers can more easily ignore the needs of this group. For example, the high incidence of homelessness among people with mental illness is not an issue that many people are aware of or are concerned about, so it is not a high priority in terms of government developing policies and spending money to address the issue.

Other systemic issues that impact people with mental illnesses

Other systemic issues may include:

- ▶ a lack of coordinated government services to cater for people with mental illness
- ▶ a lack of resources and staff to develop appropriate services for people with mental illness
- ▶ a lack of affordable and safe housing
- ▶ a lack of services to treat people with mental illness and substance misuse problems
- ▶ a belief among health professionals that people with mental illness cannot recover.

Build trust and encourage self-direction

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



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

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

Respectful language and use of communication

All communication (including words, tone of voice, pace of speech and nonverbal communication) reflects your professional values and attitudes and must therefore be respectful and non-judgmental at all times. For a person to feel understood they need to feel valued and respected. Your responses, including nonverbal responses such as nodding in agreement, provide the opportunity for you to convey an attitude of non-judgmental acceptance and a willingness to understand what the person is thinking and feeling. Respectful responding also provides the opportunity to test any assumptions you may have about what is being communicated.



Some people with mental health needs may have had negative experiences of the mental health sector and its systems and structures. Often this is based on an experience where they have not been listened to and their opinions have not been acknowledged.

Active and reflective listening skills

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

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

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

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



'Do you mean ...'
'Let me see if I understand ...'



'Correct me if I am wrong ...'
'As I hear it ...'



'From your point of view ...'
'I wonder if ...'



'Do you mean ...'
'Let me see if I understand ...'

Example

Use respectful language

Janifer is a mental health worker who visits people in their own homes. Janifer likes to treat everyone with the same respect regardless of their background. No matter what the task, who the person is or how she is feeling, Janifer always knocks on the door before she enters a client's home and uses effective communication strategies that best suit the person's needs; for example, speaking very clearly to people with hearing impairment. Janifer greets people by saying 'good morning' or 'good afternoon'. She explains what she plans to do for the day and checks that the individual is happy with the plan. She always says goodbye and clarifies the time and date of the next visit.



Practice task 1

Read the case study, then complete the task that follows.

Case study

Sophie lives in a large block of units. Most of the time she feels fine, but sometimes she takes a bad turn and doesn't get out of bed for days. She has no family. Eunice is an older woman who lives opposite Sophie. When she suspects Sophie might be unwell she knocks on Sophie's door and calls out, 'Sophie, I've brought you a nice cup of tea'. She also brings soup and delicious home-cooked meals. She says they are leftovers but Sophie suspects otherwise.

Eunice knows all the mental health workers who come around and they discreetly rely on her for information about how Sophie is doing. Eunice never raises the issue of Sophie having mental illness with her and neither does she talk down to her or patronise her. Sometimes Sophie gets angry with her and tells her to leave her alone but this doesn't bother Eunice; she's always there the next day with a cup of tea or soup. Sometimes Sophie wonders how she would ever get by without Eunice.

1. Describe three social barriers facing someone like Sophie.

.....

.....

.....

.....

.....

.....

.....

2. What evidence is there that Eunice has a respectful attitude towards Sophie?

.....

.....

.....

Click to complete Practice task 1

1B Work in a way that prioritises the person's rights to direct their own recovery

To work towards a respectful relationship with 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.



Values of mental health care

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

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

Person-centred approach

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

Commitment to empowering the person

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

Commitment to meeting the needs and upholding the rights of persons

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

Encouragement of personal growth and development towards recovery and wellness

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

Principles and guidelines of mental health work

Principles are the main beliefs that help to determine shared goals. It is essential to identify and define the key principles of mental health work. This way, people can share the same understanding and work towards common outcomes.

Some important mental health principles and their application to mental health work are listed here.

Focus on the person

Address a person's disability but do not focus only on the disability.

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

Access and equity

Access refers to providing services to people based on their needs and goals. Equity relates to promoting fairness and being able to provide people with the services they need. It involves removing unfair and avoidable barriers to services so vulnerable groups are not disadvantaged.

Community delivery

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

Ensure there are enough community services to support this principle.

Citizenship

Citizenship is the principle that supports the social inclusion and participation in society of the person with a mental illness. This requires advocating on their behalf to help them achieve their hopes and aspirations for recovery, rather than just treating their illness. By providing support to them to engage or re-engage with the community, you can help them achieve wellness and meet their recovery goals.

Person empowerment

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

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

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

Ethics and values

Ethics are moral values or principles.

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

Confidentiality

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

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

Work to encourage recovery and a person's rights

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

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

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

Factors conducive to recovery (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

Principle of empowerment

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
- ▶ struggle 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
- ▶ felt little or no value as a person.

Example

Work to direct recovery

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

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



Practice task 2

Read the case study, then answer the question follows.

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 but occasionally is too unwell to go to work. Millie has told her manager she has a mental health illness. 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.

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

.....

.....

.....

.....

.....

[Click to complete Practice task 2](#)

1C Recognise and respect the person's social, cultural and spiritual differences

Recognising and respecting diversity means we encourage access and equity for everyone. The laws make sure that people in the community and within organisations offering mental health services do not discriminate or act with prejudice.

Knowledge of the cultural and religious factors that impact a person allows mental health workers to develop relationships based on respect and where communication reflects and recognises the importance of these values to the person. Mental health workers need to reflect on how a person's culture may affect that person's behaviour and thoughts.



Attitudes towards mental health have changed dramatically over the years. Approaches to working with people with mental health needs have also changed to reflect these shifts in attitude. Such changes have also influenced political, government and economic decisions. In some cases, social attitudes have changed as a result of policies and decisions made by governments.

Treat everyone fairly and equally

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

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 delivery services 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.

Respect cultural differences

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

Valuing diversity means we avoid stereotypes and prejudices and we don't discriminate against people. When we assign the same characteristics to all members of a particular group, we are stereotyping them. For example, we are stereotyping when we think, feel or say things like 'All people with mental illness...' or 'All older people...' To be prejudiced means to think or feel less favourably about someone or a group without any reason. Stereotypes and prejudice often lead to discrimination, which is treating someone less fairly than another person because of their difference.

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



Respecting Indigenous Australians

Indigenous Australian people make up a diverse cultural group. Many issues arise from the impact of colonisation, the stolen generations, government involvement in their lives, displacement from their lands and other hardships. To work effectively with Indigenous Australian people, you need to understand the impact of their history, culture and current issues. This understanding needs to be developed as the foundation on which all communication is built.



Respecting refugees or new citizens

Australia accepts thousands of humanitarian entrants into the country. Most are refugees fleeing war and political instability. Many migrants will experience some sense of culture shock as almost everything is new and unfamiliar. Usual practices and accepted norms of behaviour are different and constant cultural negotiation is required when interacting with a new culture.

Recognise differences

In Australia, people from a non-English-speaking background are categorised as being from a culturally and linguistically diverse (CALD) background. There is significant diversity and variety of experience, beliefs and practices within all cultural groups and people from within that group should not be stereotyped as all being alike.



There are many factors that affect communication patterns and norms. They all need to be understood for effective communication to take place and for successful and respectful relationships to develop. Effective communication skills help get your message across to other people. It is important to think about what you say and how you say it. Effective communication is vital to the wellbeing of people.

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

Apply knowledge of different cultures to your work

Mental illness can affect anyone. Mental health workers may encounter people from many different backgrounds. Mental health workers should show respect and understanding of cultural and linguistic differences. Workers should be sensitive to different cultures and lifestyles and should develop an understanding of how a person's culture may affect that person's behaviour and thoughts. It is always important to identify a person's needs and preferences and not judge them.

Culture refers to the social behaviour, lifestyle and characteristics that can describe a group of people. A minority group is a group of people whose profile doesn't match the profile of the people in the dominant group (those with the most power and control) in a society. The profile of the dominant group in Australia includes being English-speaking, being of Anglo or Celtic ancestry, being middle or upper class, being Christian, being heterosexual and being male.

Different cultures have different values, experiences and views about mental illness and healthcare practices.

People from non-English-speaking backgrounds may:

- ▶ not know about mental health services or how to use them
- ▶ not understand what mental health services offer
- ▶ associate shame or stigma with mental illness, so they may be unlikely to ask for help or access mental health services
- ▶ be disadvantaged by other factors like drug use, homelessness and physical or intellectual disabilities, and unable to access services themselves.

Understand the history of the mental health sector

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 the needs of people with mental illness.

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

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

Changes in mental health support and services

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

Mental health workers are expected to be skilled in current work practices and must 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 and these include.

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

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

Understand social changes in the mental health sector

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

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

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



Understand political changes in the mental health sector

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



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

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

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

Government services

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

The National Disability Insurance Scheme (NDIS) is a single national scheme that replaced a state funding system for those people who are eligible. The NDIS is funded through the Medicare levy paid by all Australians. All funding comes through the National Disability Insurance Agency (NDIA) and there is no direct funding to service providers. The scheme aims to provide targeted support and better coordination and access to services for people with disability. A funding package is provided and people can decide which services they wish to access and use to support their goals and needs. Mental health service providers collect payment from the person or family who has the funding package. This has had implications on the financial sustainability of smaller organisations providing mental health services.



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

Community-based non-government organisations (NGOs) working with people living with mental health needs offer a diverse range of services aimed at supporting individuals to achieve and maintain improved quality of life and health outcomes.

These groups may also advocate on behalf of members on particular issues or identified community needs such as improved access to services and improved community awareness of mental illness.

Understand economic changes in the mental health sector

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

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

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

Governments fund projects to:

- ▶ research mental illness to develop better treatments and care options
- ▶ provide better mental health services including clinical care and interventions
- ▶ train mental health workers
- ▶ educate the general public about mental illness
- ▶ develop public awareness campaigns such as TV and radio advertisements to help the community understand mental illness and how to respond to people with mental health needs.

Example

Learn tolerance

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

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



Practice task 3

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

.....

.....

.....

.....

2. Provide two examples of types of government funding that supports the mental health sector.

.....

.....

.....

.....

[Click to complete Practice task 3](#)

1D Support the person to understand and exercise their rights

Everyone has the expectation that they will be respected and able to contribute to their decisions that affect their care and the level or type of support as required. For people with mental health needs, their rights may need to be clearly explained so they are understood. A mental health worker should assist a person to know their rights and assist them to exercise them if required. It is a legal requirement that people are not discriminated against according to their health and they should understand they have the right to complain if they are not satisfied with the support they receive, or any other matter that they feel is discriminatory.



Understand rights

As a mental health service worker it is your role to support people with mental illness. Always remember that 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.

Human rights

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

The Australian Government supports and respects many of the *Universal Declaration of Human Rights* developed after World War II by the United Nations.

Australia 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

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 with a 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 is a third party which investigates complaints about discrimination and breaches of human rights. It investigates areas of discrimination according to sex, disability (including temporary and permanent disability), medical conditions (including mental health), race and age.

The state-based mental health commissions provide information on health care complaints.

To access more information on the mental health commission in your state or territory, visit:

- ▶ <http://aspirelr.link/health-complaints-organisations>.

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

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

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 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.

Exercise rights

By exercising their rights, a person with mental health needs can play a role in changing attitudes and reduce the negative stigma attached to mental health. By changing stereotypes and the perceptions held by the community and portrayed in the media, the public can be made more aware of the facts about mental illness. This means that people with mental illness are more likely to be included by their community and feel less isolated.

An individual might exercise their rights by having direct input into their own care. This means the person can influence the way their service is provided. A person might also exercise their rights at a government level, in which case the person can have input into policy and government plans for current and future mental health services.

Here are some specific examples of how people can exercise rights.

People can get involved by:

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

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

Support others

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 shame. They mostly did not really understand what it was like for him.

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



Practice task 4

Read the case study, then answer the question.

Case study

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.

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

He meets his support worker and at their first meeting together, the worker explains to Peter his rights in terms of his mental illness.

Make a list of Peter's rights.

.....

.....

.....

.....

.....

Click to complete Practice task 4

1E Maintain confidentiality and privacy of the person

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 with a mental health illness; without these practices in place, your relationships with the people you support will be negatively affected.



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

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.

Privacy and confidentiality policies and procedures

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

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

Procedures for privacy and confidentiality of health information

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

Maintain privacy and confidentiality

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

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

Privacy refers to a person's ability to control access to themselves, their space and their possessions, including information about themselves. Privacy also means taking steps to avoid embarrassment and humiliation.

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

You can read more about privacy, confidentiality and disclosure on the Australian Aged Care Quality Assurance website (<http://aspirelr.link/aacqa-privacy-policy>), and on The Law Handbook website (<http://aspirelr.link/law-handbook-privacy-confidentiality>).

Collection, use and storage of information

There are 13 Australian Privacy Principles that apply to the collection, use and storage of people's information. Here is further information about how to handle personal information.

Collection, use and storage of personal information

- 1 Open and transparent management of personal information**
Ensures that organisations manage personal information in an open and transparent way.
- 2 Anonymity and pseudonymity**
Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.
- 3 Collection of solicited personal information**
Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.
- 4 Dealing with unsolicited personal information**
Outlines how organisations must deal with unsolicited personal information.
- 5 Notification of the collection of personal information**
Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.
- 6 Use or disclosure of personal information**
Outlines the circumstances in which an organisation may use or disclose personal information that it holds.
- 7 Direct marketing**
An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.
- 8 Cross-border disclosure of personal information**
Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.
- 9 Adoption, use or disclosure of government-related identifiers**
Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.
- 10 Quality of personal information**
An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.
- 11 Security of personal information**
An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

- 12 Access to personal information**
 Outlines an organisation’s obligations when an individual requests to be given access to personal information held about them by the organisation.
- 13 Correction of personal information**
 Outlines an organisation’s obligations in relation to correcting the personal information it holds about individuals.

Example

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

Written information includes:	Verbal information includes:
<ul style="list-style-type: none"> ▶ case notes ▶ medical information ▶ contact details of person ▶ incident reports ▶ meeting minutes ▶ letters, emails and faxes pertaining to a consumer ▶ individual plans or goals and individual reviews ▶ applications for funding, packages or programs ▶ referral letters or emails. 	<ul style="list-style-type: none"> ▶ telephone calls ▶ meetings ▶ consultations ▶ case conferences ▶ informal discussion.

Practice task 5

Read the case study, then answer the question.

Case study

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

How would you deal with John’s request for confidentiality health information?

.....

.....

Click to complete Practice task 5

Summary

1. Always communicate in a respectful manner to develop trust, hope and enable self-direction.
2. Develop communication techniques that involve active and reflective listening skills to promote respect.
3. There are common barriers that people with mental illness face that need to be overcome.
4. Empowering people to work against discrimination and prejudice will enhance the recovery process for people with mental illness.
5. People with mental health needs have rights like everyone else in the community, including a right to make decisions about their own recovery.
6. Understanding the major values of the mental health sector provides a framework in which to operate and provide support to people.
7. Every person has access and equity rights to display and demonstrate their cultural, spiritual and social differences
8. Attitudes to mental health have changed over time, and this is reflected in social policies, government spending and political decisions.
9. Supporting a person to exercise their rights is as important as understanding what rights they have.
10. Confidentiality is an important underpinning value of the mental health sector. The organisational policies and procedures should outline clearly confidentiality, privacy and disclosure rules.

Learning checkpoint 1

Establish respectful relationships

This learning checkpoint allows you to review your skills and knowledge in communicating in a way that develops respect, trust and encourages self-direction.

Part A

1. Explain the values behind the human rights developed by the United Nations.

.....

.....

.....

.....

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

.....

.....

.....

.....

3. What actions would you take if a person you were supporting described child abuse they had witnessed?

.....

.....

.....

Part B

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

Case study

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

1. Provide an example of how Marie might respond to Fatima's situation in a way that is respectful, provides hope and helps to build trust.

.....

.....

.....

.....

.....

.....

2. What is discrimination and how could it impact Fatima's recovery?

.....

.....

.....

.....

3. Why is it important that Marie supports Fatima's right to direct her own recovery?

.....

.....

.....

4. What are Fatima’s rights to privacy and confidentiality? What role does the organisation have in maintaining these?

.....

.....

.....

.....

.....

.....

.....

.....

5. How can Marie find out more about Fatima’s cultural and social background if she continues to offer support to her?

.....

.....

6. Why should Marie support the principle of access and equity when working with Fatima? Give an example with your response.

.....

.....

.....

.....

.....

.....

7. How can Marie apply the mental health principle of citizenship in her work with Fatima? Give an example with your response.

.....

.....

.....

.....

.....



Topic 2

In this topic you will learn how to:

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

- 2B Discuss with the person strategies that support empowerment and recovery**

- 2C Support the person to express their own identity and preferences without imposing own values**

- 2D Identify duty of care and dignity of risk considerations with the person**

Determine the needs of people with mental health issues

Once you have developed a respectful relationship with the person you are supporting, then it is appropriate that you use your communication skills to clarify their needs. This way you can work collaboratively with them to meet their needs and aspirations. Collecting and interpreting information means that you will need to not only work with the person, but also get consent to ask others for information that will assist you. At every stage it is important to work with the person in identifying and discussing their requirements and support them to express their own identity and preferences. Underlying this are the concepts of duty of care and risk assessment.

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

To accurately and carefully determine a person's needs, you must collect and interpret information from a variety of sources. The person you are supporting needs to agree to you accessing the information and asking questions about them to family, friends and other sources. When you gather health information you must follow particular legal and ethical rules regarding the person giving consent and privacy and confidentiality considerations.



There are many types of mental illness diagnoses and a basic understanding of these will assist you as a mental health worker to work with a person with mental illness to determine their needs and interpret the information gathered.

Types of mental illness

Many people experience mental health problems such as anxiety and depression at some stage in their lives, often as a response to stress. Most mental health problems do not usually last as long as a serious mental disorder and do not have the same impact on a person's life. However, they do cause distress and can affect the way a person thinks and feels for a time. For this reason, people affected should seek treatment as soon as possible so that occasional problems do not develop into something more serious. For example, a person suffering a mild depression that is gradually becoming more prevalent in their lives should seek help. Depression, anxiety disorders and substance misuse disorders are the most common mental illnesses in Australia.



Depression

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

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

A person with depression may have symptoms such as:

- ▶ a prolonged and unusually sad mood
- ▶ loss of interest in activities they previously enjoyed
- ▶ tiredness and lack of energy
- ▶ loss of confidence and low self-esteem
- ▶ difficulty sleeping
- ▶ difficulty concentrating and making decisions.

Anxiety disorder

As with depression, most people experience anxiety from time to time but this does not mean they have an anxiety disorder. Normal anxiety is not as severe as an anxiety disorder; it does not last as long and does not disrupt a person's work or social relationships to the same extent. There are a number of different types of anxiety disorders including generalised anxiety disorder, panic disorder, phobic disorders, post-traumatic stress disorder and obsessive-compulsive disorder.

Here are the symptoms of anxiety disorders.

Physical

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

Psychological

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

Behavioural

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

Differing symptoms and treatment

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

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

Milder forms of depression are usually treated in the community by:

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

Serious mental illness

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

Below is an outline of some of the more serious mental disorders you may encounter working in the mental health sector.

Bipolar disorder

- ▶ Bipolar disorder is a mood disorder that can also be classified as a psychotic disorder.
- ▶ It is an illness where a person experiences extreme moods; for example, very elevated or very low and depressed. Some people may experience both extremes while others will experience one or the other.
- ▶ Examples of extreme moods include:
 - high and excitable
 - grandiose and reckless
 - helpless
 - sometimes suicidal.
- ▶ Treatment includes medication and community support programs.

Borderline personality disorder

- ▶ Borderline personality disorder (BPD) is classified as a personality disorder.
- ▶ People with BPD often experience distressing emotions, have difficulty relating to other people and may exhibit self-harming behaviour.
- ▶ The variety of symptoms include:
 - feelings of abandonment and insecurity
 - confusion and contradictory feelings
 - impulsiveness and reckless behaviour
 - self-harm
 - possible psychotic symptoms such as delusions.
- ▶ Treatment includes a combination of psychological therapy, medication and community support.

Major depressive disorder

- ▶ Major depressive disorder, or clinical depression, is a mood disorder.
- ▶ Depression is an illness that affects the way a person feels, causing low mood and persistent feelings of sadness and helplessness. The person may also experience physical aches and pains and thoughts of suicide.
- ▶ The variety of symptoms include:
 - extreme sadness, crying or being tearful
 - interrupted sleep patterns
 - loss of interest in life and usual activities
 - inability to concentrate or think clearly.
- ▶ Treatment includes medication, individual therapy and community support programs.

Schizophrenia

- ▶ Schizophrenia is a psychotic disorder.
- ▶ It is an illness that affects the normal functioning of the brain causing distortions and disruptions to the way a person thinks, feels and acts.
- ▶ The variety of symptoms include:
 - confused and disordered thinking
 - delusions
 - hallucinations, which may be auditory and include hearing voices.
- ▶ Treatment includes medication and community support programs.

Schizoaffective disorder

- ▶ Schizoaffective disorder is a psychotic disorder.
- ▶ It is characterised by a combination of symptoms of schizophrenia and a mood disorder.
- ▶ Symptoms include:
 - primary symptoms of schizophrenia
 - symptoms of major depression sometimes
 - symptoms of a manic episode at times.
- ▶ Treatment includes medication and community support programs.

Informed consent

In many workplaces, there is a process called informed consent. If the person you support is under 18 years of age you must get permission to do an activity or task from the person who is legally able to give the permission, such as a parent or legal guardian. Once a person is 18 years of age they can consent to take part in an activity or task. In some cases, there may be a court instruction that person over 18 is not able to make their own decisions. In these cases, family members or legal guardians make the decisions for them. If this happens, you will be given information about who you need to ask for permission.

The *National standards for mental health services 2010* state that consent is an ‘agreement based on an understanding of the implications of a particular activity or decision and the likely consequences for the consumer’.

Here are some things to consider about informed consent.

Informed consent considerations

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

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

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

Barriers to informed consent

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



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

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

When a respectful relationship has not been developed between the support worker and the person with the mental illness, there may be a reluctance to provide consent. Once you establish trust the person may be more willing to provide consent.

Disclose and share information

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



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

Example

Sample consent form

Kirkdale Wellness Centre Consent to disclose information	
Declaration	I, Jacqueline Foster, of 27 Vasey Court, Wynvale SA, 5098 consent to Kirkdale Wellness Centre disclosing information pertaining to me to Outer South Respite Service for the purpose of referral/application for respite funding.
Specific details of information (if required):	Medications, treatment history, specialist referrals
Nature of disability	Bipolar disorder
Personal care needs/supports and equipment required	Individual therapy, possibly person consultant, group activities
Contact details	27 Vasey Court, Wynvale SA, 5098 0404 040 404
Current home situation	Living alone
Financial details (including current disability packages/funding)	Self-funded
Limitations (if required)	n/a
Client's name	Jacqueline Foster
Client's signature	<i>Jacqueline Foster</i>
Witness	Kaye Green
Witness signature	<i>Kaye Green</i>
Date signed	20 November 2015

Practice task 6

Read the case study, then answer the questions.

Case study

Jenny is a mental health worker providing support to Mary, a woman from Somalia who is currently experiencing depression. They are reviewing her recovery plan with language support from an interpreter. Jenny is finding it difficult to establish rapport with Mary and is struggling to engage her in a collaborative partnership to determine the resources that will support recovery. They eventually come to what Jenny thinks is agreement on how to proceed. She drafts up the agreement, including a statement of Mary's consent as well as Mary's acknowledgement of her rights, including her right to withdraw consent at any time. Mary is reluctant to sign the paperwork. They agree to meet again in a week, after Mary has time to think about the services and activities discussed.

1. What might be the barriers to Mary agreeing and giving her consent?

.....

.....

.....

2. What are some of the common symptoms of milder forms of depression?

.....

.....

.....

3. What are some of the common symptoms of a major depressive disorder?

.....

.....

.....

Click to complete Practice task 6

2B Discuss with the person strategies that support empowerment and recovery

A person-centred approach means that the person with mental illness will be involved in decision-making regarding the strategies that will assist them in their recovery plan. Services that support the recovery will also be chosen in collaboration with the person. These should include promoting healthy practices, preventing illness, taking a holistic approach and intervening early if possible.



The recovery model in practice

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

The recovery model:

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

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.

Review of local services

In developing an individual recovery program you should consider the person's readiness to participate, strengths, physical health, existence of any other conditions, personal beliefs and support network. 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.

Holistic approach to recovery

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 illness.

Involvement by family and carers may include:

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

Promotion and prevention

An important value in the community and in health agencies is that prevention is the best cure. 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 health wellbeing of a person 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.

Early intervention

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

Example

Recovery-oriented practice

Ben is 44 years old and has been living with schizophrenia for nearly 25 years. He lives near a community garden, which he has been visiting regularly for three years. He enjoys the social 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 illnesses. 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 7

Read the case study, then answer the question.

Case study

Peter is 60 years old and has experienced long-term mental illness. When first diagnosed he was hospitalised for two years. He has been homeless for long periods and now lives in supported accommodation for people with complex mental health needs. He smokes about 30 cigarettes a day, is malnourished and is in poor physical health.

Chris is Peter's mental health support worker. Chris tells Peter, 'Those smokes are killing you, you need to quit'. Peter becomes very agitated; he has smoked for his entire adult life and doesn't want to be forced to quit. Chris apologises. He assures Peter that any decision to stop smoking lies with him.

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

.....

.....

.....

.....

.....

[Click to complete Practice task 7](#)

2C Support the person to express their own identity and preferences without imposing own values

As a mental health worker, it is essential that you determine the needs of a person. To provide the best support to a person with a mental illness, you need to allow the person to express their own opinions and feel safe to do so without judgement. By understanding our own values and beliefs, we can learn to appreciate others who hold differing views to us. You must always be careful to not impose your own values on another person because this can impact negatively on the recovery of a person. Many of the myths and misinformation surrounding mental illness reinforce stigma and negative attitudes, and this can also impact negatively on a person's recovery.



Identify your own values

Everyone has the right to their own thoughts, feelings, beliefs and values. Your beliefs are the thoughts you have about yourself, other people and the world around you. Values are the way we think things should be and how people should act. Workers as well as the people they support have their own thoughts, feelings and beliefs. These differences should be encouraged and respected. As a mental health worker, it is important to recognise your feelings and how they may influence the way you do your job.

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

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

Myths and facts

Misconceptions about mental illness and lack of understanding result in stigma, or negative attitudes, about people with mental illnesses. A lack of knowledge in the community can serve to perpetuate negative stereotypes and misinformation. Stigma, fear and lack of understanding by other people may make it harder for people with mental illness to get jobs, maintain friendships and participate in social activities. People may be sympathetic to someone suffering a physical disability but they are often uncomfortable around someone with a mental illness.

Stigma is stronger against some forms of mental disorder than others. For example, psychotic disorders such as schizophrenia and schizoaffective disorder have greater stigma than anxiety disorders. Many people believe that people with serious mental illness cannot hold a job, be a responsible parent or contribute to society in any way. People are inclined to ridicule or be fearful of those with serious mental illness because it is outside their experience and they don't understand it.

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

Judgments

People with mental illness have intellectual disabilities.

They should be segregated from the community because they can't look after themselves.

Characteristics

People with mental illnesses are lazy and indulge in self-pity.

They are violent and dangerous.

Generalisations

People with mental illness can't work.

They can never get better and will always be a burden on society.

Behaviour

People with mental illness are unpredictable and untrustworthy.

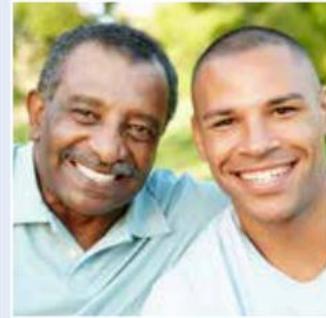
They are scary and crazy.

Example

Recognise differences in values

Ethan is 21 years old and has recently been diagnosed with schizophrenia. His father, Donald, is feeling overwhelmed. He is scared for his son’s future and he is angry with his wife because he feels she has gone to pieces, leaving him to manage the situation. Donald generalises about the treatments he has heard are given to people with schizophrenia, although he readily acknowledges he knows nothing about schizophrenia or its treatment.

He speaks with a mental health support worker who acknowledges Donald’s feelings and empathises by demonstrating a willingness to understand the situation from Donald’s point of view. Together they identify Donald’s need for information about the illness and its treatment and how to access that information. They talk about the emotional support the family needs now and how this may change over time.



Practice task 8

1. Explain the difference between your beliefs and your values. Give an example with your answer.

2. What is meant by the term ‘unconditional positive regard’?

Click to complete Practice task 8

2D Identify duty of care and dignity of risk considerations with the person

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



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 in terms of capacity and decision-making. It is necessary to find a balance between the need for duty of care and a person's right and capacity to decide what level of risk they are comfortable with.

Level of risk

With many activities, it is not possible to eliminate risk altogether. Risk is a part of our daily lives and it is through risk, trying new things and making mistakes that we learn. The idea that a person has the right to make their own choices and to take risks is referred to as dignity of risk. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk.

The key issue when considering the legal and ethical aspects of dignity of risk is determining an acceptable level of risk for the benefit that the activity offers. These questions should be discussed with the person and appropriate others offering support.

The three questions to ask about risk:

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

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

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

Here is more information about duty of care.

Duty of care

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

Negligence

- ▶ Negligence occurs when duty of care has been breached and harm to either 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.

Example

Prevent harm or injury to the person you support

Caroline is 22 years old. She has a mild intellectual disability. She enjoys socialising with her friends and going on day trips with her housemates. Caroline needs support in the home particularly in preparing meals and using the stove.

Caroline tells her support worker, Phillip, she plans to go camping with her friends to the coast and stay in a caravan park for two nights. Phillip is concerned about Caroline's safety in using the stove and preparing her own meals unsupervised. Phillip and his supervisor discuss possible strategies and suggest to Caroline that she practise at home preparing the meals she will eat while away using the camping stove. Caroline is excited and can't wait to go away with her friends.



Practice task 9

1. Explain the concept of dignity of risk.

.....

.....

.....

2. Explain the term 'duty of care'.

.....

.....

.....

3. How could it be difficult to juggle both dignity or risk and duty of care in providing a safe experience for a person you are supporting?

.....

.....

.....

.....

[Click to complete Practice task 9](#)

Summary

1. To begin to determine the needs of a person with mental illness you need to gather and interpret information from a variety of sources.
2. Always get informed consent before gathering information on a person's health or personal situation.
3. Always consider the organisation's policies and procedures in regards to the person's privacy and confidentiality when disclosing health information.
4. Understanding the different types of common mental illnesses will assist you in accessing and assisting with identifying needs.
5. Consider empowerment- and recovery-oriented practices when identifying strategies that support recovery.
6. Take a holistic view to supporting a person, including health promotion and prevention where possible.
7. Early intervention should lead to a faster recovery.
8. Be wary of your own values and attitudes and their impact on the support you offer a person.
9. Work to change attitudes, correct misinformation and alter the stigma towards people with mental health needs.
10. Dignity of risk and duty of care are two important considerations when collaborating with a person to determine their needs.

Learning checkpoint 2

Determine the needs of people with mental health issues

This learning checkpoint allows you to review your skills in communication to assist the person to clarify their needs. You will need to use your knowledge of consent, and concepts of duty of care and risk assessment.

Part A

1. Make a list of the most common types of mental illness in Australia.

.....

.....

2. What makes a mental illness classified as a 'serious mental illness' (SMI)? Give two examples of SMIs with your answer.

.....

.....

3. What are the more common treatments for SMI?

.....

4. There are many myths surrounding mental health. Why does mental illness give rise to misinformation and stereotypes?

.....

.....

.....

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

.....

.....

.....

Part B

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

Case study

Jess is aged 24 and attends a mental health service. She has a major depressive disorder. Many of the workers believe that Jess has few interests, doesn't talk and doesn't seem to care about herself. Joe is a new coordinator at the mental health service. He sets about introducing himself to all the people who attend. When he meets Jess he realises that she has poor self-esteem and doesn't expect anyone to like her. Joe reads the documentation available on Jess and speaks with his colleagues about her. He notes that the service hasn't reviewed the services Jess receives for quite some time and hasn't been active in empowering Jess to achieve her goals.

Joe meets with Jess and together they begin to update her support plan. He realises that she loves to read and has an inquiring mind. He introduces Jess to the many resources on the internet regarding the recovery movement and to personal success stories of recovery from depression. Jess is amazed. Via the internet, she makes contact with people in chat rooms all over the world who have recovered from mental illness and who offer her support and advice. Joe is unsure if Jess understands the risk involved in sharing private information via the internet but Jess is now communicating more at the service and interacting much more. Joe can see she is gaining confidence and developing new social skills.

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

.....

.....

.....

.....

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

.....

.....

.....

.....

.....

.....

.....

.....

3. Explain the need for consent, privacy and confidentiality when Joe reviews the documentation held about Jess.

.....

.....

.....

.....

.....

4. Why is it important that Joe works with Jess in updating her support plan?

.....

.....

.....

.....

.....

5. Explain why it is important that Joe does not allow his personal attitudes to impact on Jess and her personal preferences.

.....

.....

6. If Jess was new to the service and had only just begun to have symptoms, what would be the benefits of early intervention?

.....

.....

.....

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

.....

.....

.....



Topic 3

In this topic you will learn how to:

- 3A Provide support to achieve a person's goals in collaboration with the person and others**

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

- 3C Adapt service delivery within organisation policies and procedures to meet the person's needs**

- 3D Document interactions and services according to organisation policy and procedures**

- 3E Respond promptly to support people experiencing distress or crisis**

- 3F Work within own limits and make referrals to other services according to the person's needs**

Work to meet aspirations and needs

As a mental health worker it is your role to support and facilitate the person you support to work towards their aspirations and goals. You should always do this in collaboration with the person and their care network, emphasising communication and teamwork in sharing information to best meet the needs of the person with the mental health needs. The person themselves should be involved in all decision-making. This reinforces their social justice rights to be involved in the community and to always be protected by mental health legislation and other legislation protecting the rights and responsibilities of all Australians.

Service delivery plans often need to be adjusted due to changes in the needs and goals of the person receiving the support. Changes must always happen within the organisational policies and procedures to meet the specific needs of the person. Documentation is an important part of the legal requirements for accurate record management.

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

3A Provide support to achieve a person's goals in collaboration with the person and others

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 required to ensure that the person is making the decisions and is guided and supported by the mental health team.



As a mental health worker, you and your team should encourage participation in the community. One of the key values and principles of the mental health sector is social inclusion. Participation of people with mental illness in the community this 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.

Types of support

When providing support for people to assist them with working towards their goals, it is useful to consider and review the types of support that can be offered.

Emotional support

- ▶ Living with mental illness can be emotionally demanding and stressful. Offering emotional support and empathy may be required.

Practical support

- ▶ This includes housing, transport, managing finances and completing forms.

Financial support

- ▶ Many people experience financial hardship because their earning capacity is impacted. They may need financial assistance.

Spiritual support

- ▶ Many people find comfort in their spiritual beliefs and need these nurtured. Acknowledging their value without necessarily believing them yourself demonstrates empathy.

Physical support

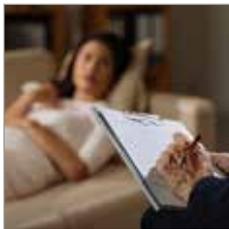
- ▶ Some people with mental illness can become aggressive, risking the physical safety of others. Support may be required to manage this risk.

Work in collaboration towards goals

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 and 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. Here is a table that illustrates the changes in approaches from the past to current day practice.

Changing approaches to mental health care practise



In the past

- ▶ The focus was on the illness, disorder or disease.
- ▶ The person's deficits were of most interest.
- ▶ The mental health worker was considered the expert professional who told the person what they should do.



Current practice

- ▶ The focus is broader and 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. Recovery processes should focus on a person's strengths and resources.
- ▶ The person and the mental health worker work together as team members in the recovery process.

Collaborative approach

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

Collaboration is a vital component of a person-centred approach. It empowers the person by encouraging them to develop an understanding of what they want and need, and supports them to make decisions and choices to control all aspects of their lives. It also reflects a commitment to the values related to human rights such as dignity and empowerment, respecting the person's right to ask what they want. A collaborative approach means that the person you support has a say in the strategies developed to meet their goals, and it encourages a commitment by all parties to implement the agreed strategies.

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 focussed on the same outcomes and working together
- ▶ active listening between all parties; this fosters an open, honest and respectful relationship.

Social justice and inclusion principles

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



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

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

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

Example

Work as a team

Jenny was diagnosed with a serious mental illness when she was 17. For the first few years she didn't consider working because she was struggling to cope with her life. She often speaks to her mental health worker and others at the service she attends about her love for animals and how her cat is a great source of comfort. After discussing it with her supervisor and colleagues at a case workers' meeting, Jenny's mental health worker suggests to Jenny that she volunteer at her local animal shelter.



Jenny likes the idea and starts out with just a couple of hours a week. She finds she loves her work and feels supported and welcomed by the other people who work there. The collaboration between Jenny, the employer, the supervisor and the mental health workers means that Jenny's self-esteem and sense of purpose in life increases to the extent that she now rarely considers her illness.

Practice task 10

Case study

June is a person who deals with her mental illness by using a number of strategies including denying she is ill, withdrawing from all social contacts, sleeping and often not emerging from her room for days. Her sister, who lives with June, finds it difficult to share a house with her.

Lily is a coordinator at a mental health service. She encourages June to consider a different approach and gives her hope for a happy and productive life. They discuss a plan and talk about things June might like to do in the community. June says she would like to be outside more and that she likes the idea of growing vegetables but there isn't enough room at home. Lily suggests she and her sister join the local community gardening scheme. June is soon helping other people from the mental health service start their own vegetable plots. She feels that what she is doing is very productive and helpful. June tells Lily that it has provided her with a different outlook on her illness and coping strategies.

1. What types of support is Lily offering to June?

.....

2. What are June's personal goals and aspirations?

.....

.....

3. What are two things that need to happen to ensure a positive collaboration?

.....

.....

.....

4. Identify all of the people working collaboratively together to assist June to meet her goals.

.....

.....

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

.....

.....

.....

Click to complete Practice task 10

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

The legal and ethical considerations of the persons' rights underpin all work and support you offer to a person with mental illness. People with mental health needs have rights and responsibilities, and so do mental health workers, their supervisors, other employers and people who are part of the care network. You should discuss workplace health and safety and other workplace considerations with the person and they should be made aware of specific mental health legislation and the impact that may have on them and their rights.



Rights and responsibilities

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 in the mental health sector.

Examples of risks to safety

- ▶ 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, physical or emotional threats
- ▶ Assault

Risk assessment

Mental health workers have a duty of care to those they support and other service users not to be negligent by exposing them to avoidable risk. Workers also have an obligation to report workplace health and safety concerns that could affect them. If you feel stressed at work, there is an obligation to raise this with your supervisor so strategies can be developed to address this health and safety issue. Any hazard that can affect a person's health and safety should be identified so it can be addressed.

Many activities in the mental health sector carry with them some degree of risk. It is the organisation's responsibility to be informed about possible risks and identify the level of risk that an activity may pose. Assessing risks means understanding the nature of the harm that could be caused by the risk, how serious the harm could be and the likelihood of it happening. The level of risk is often given a ranking number, and if the score is high then control measures should be put in place to decrease the possible harm to others.

Questions that can help with risk assessment include:

- ▶ What could go wrong?
- ▶ What is the likelihood that something will go wrong?
- ▶ What are the consequences that may arise if something goes wrong?
- ▶ What are the risks of not working towards the goal?

Managing risk

Managing work health and safety risks involves four steps as shown below. You can also read more about managing risk via the Safe Work Australia website:

- ▶ <http://aspirelr.link/swa-identify-risk>.

Four steps to managing work health and safety risks

- 

1 Identifying hazards
Find out what could cause harm.
- 

2 Assessing risks
Understand the nature of the harm that could be caused by the hazard, how serious the harm could be and the likelihood of it happening.
- 

3 Controlling risks
Implement the most effective control measure that is reasonably practicable in the circumstances.
- 

4 Reviewing control measures
Ensure control measures are working as planned. Control measures must be selected to eliminate the risk, so far as is reasonably practicable. If elimination is not reasonably practicable, the risks must be minimised so far as is reasonably practicable.

Control the risks of work

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

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

Here is the hierarchy of control.

Eliminate the hazard

- ▶ Eliminating the hazard means getting rid of the hazard completely. For example, Wendy has recurring claustrophobia and anxiety attacks when she travels on trains or trams so now she only travels by taxi or private car.

Substitute

- ▶ Change the hazard for something less risky. For example, Jacinta, a young adult who has just been diagnosed with schizophrenia, chooses to travel with her sister by car to TAFE in the evening rather than take public transport. There are still risks associated with driving, but for Jacinta, these risks are far less than those associated with travelling late at night on public transport.

Engineering controls

- ▶ Sometimes it is appropriate to use special equipment or environment modifications to minimise the risks. For example, Bob is an older person who wants to socialise to improve his feelings of mental wellbeing. He has low blood pressure and low bone density. The risk of falling is heightened by his low blood pressure. The consequences of falling are also higher due to low bone density. Bob uses a motorised scooter to get to and from social events at his local bowling club.

Administrative controls

- ▶ Other times it is more appropriate to train people to do things more safely. For example, Kate has a history of engaging in risk-taking behaviour such as having sex with strangers. She does not want to change her behaviour. A safe-sex educator helps her by providing her with information on reducing the risks associated with having sex with multiple partners.

Administrative controls – personal protective equipment (PPE)

- ▶ Personal protective equipment can include gloves, sunglasses, steel capped boots, hats, other forms of protective headwear and gloves.

Rights of an employee

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

Workplace health and safety laws protect a person's right to a safe workplace, but under the same legislation there is also a responsibility for the individual to 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.

Discrimination could occur:

- ▶ during the recruitment process, in advertising, interviewing and selecting candidates
- ▶ when determining terms and conditions of employment such as pay rates, work hours and leave
- ▶ in selecting or rejecting employees for promotion, transfer and training
- ▶ through dismissal, demotion or retrenchment.

Children at work

There may be times when it is necessary to have children in the workplace, particularly when meeting with the person you are supporting. The service will have organisational policies and procedures to ensure the safety and wellbeing of children while they are in the workplace.

Children are protected by health and safety laws even though they are not employees. Children must be considered when you are identifying hazards and controlling risks. In some organisations a child may become an employee or be on work experience. The workplace health and safety still covers all of these situations for children.

Some organisations might consider it too risky and not allow children at any time while others may require that children be supervised at all times by an employee; the parent of guardian may need to provide consent for this to happen.



Mental health Acts

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.



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 played by carers, as well as their capacity, needs and requirements, are recognised as separate from those of the individuals with support needs.

Standards for mental health

The following table sets out the 10 standards with which mental health services (MHS) should comply. You can also read more about these standards at:

- ▶ <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 its community.
3	Individual and carer participation Individuals and carers are actively involved in the development, planning, delivery and evaluation of services.
4	Diversity responsiveness The MHS delivers services that take into account the cultural and social diversity of individuals with support needs and meets their needs and those of their carers and community throughout all phases of care.
5	Promotion and prevention The MHS works in partnership with its community to promote mental health and address prevention of mental health needs and/or mental illness.
6	Individuals Individuals have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.
7	Carers The MHS recognises, respects, values and supports the importance of carers to the wellbeing, treatment, and recovery of people with mental illness.

8

Governance, leadership and management

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

9

Integration

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

10

Delivery of care

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

Breach of standards

There are no specific consequences for services that deliver mental health services or for their staff if they do not adhere to the standards outlined in the NSMHS. These are recommended standards but are not legislation (law). The mental health Acts for each state and territory are law and therefore have penalties in place for breaches. Each of the penalties will differ for each piece of legislation.

Every organisation offering mental health support and services is influenced by a number of internal and external quality, safety and performance frameworks. The NSMHS represents one component of assessment of service delivery as there are other specific state and sector legislation, associated regulation, professional regulation, accreditation and employment conditions, purchasing and funding agreements, government policy, service development and accreditation. All of these contribute to and affect the achievement of standards.



Organisations will be expected to have incorporated the standards into the relevant service accreditation programs that monitor compliance. Compliance makes up a large and important part of ensuring quality service delivery to people with mental health needs and their families, including evaluation and feedback processes.

There are implementation guidelines that provide more detail on the implementation of the standards into an organisation. These are available for public mental health services, private hospitals, non-government services and private office based mental health practices.

There is also a document called the *National practice standards for the mental health workforce 2013*. This outlines the expected capabilities for nurses, occupational therapists, psychiatrists, psychologists and social workers who work with people with mental health illnesses.

You can read more about these standards at:

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

Example

Manage risk at work

Carlos is 27 and has been living with bipolar disorder for three years. He has maintained his employment as a mechanic with a small business since he first got became ill. Carlos and his mental health worker meet regularly to discuss his recovery plan. Carlos has a good relationship with his employer who is supportive and encouraging of his capacity to work. Carlos feels safe to discuss his recovery plan with his employer so he can understand that Carlos is keen to continue working as a mechanic.



Practice task 11

1. Give an example of one physical and one emotional/psychological risk that could occur at a workplace offering mental health services.

.....

.....

.....

.....

2. Briefly describe an employer’s responsibility to keep a workplace safe.

.....

.....

.....

3. What is an employee’s responsibility for workplace safety?

.....

.....

.....

4. What does the term 'risk assessment' refer to?

.....
.....

5. What does 'hierarchy of control' mean? Describe its purpose.

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

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

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

7. Is a person with mental illness required to disclose this information to their employer? Explain your answer.

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

Click to complete Practice task 11

3C Adapt service delivery within organisation policies and procedures to meet the person's needs

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 changes. 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, existing and or referring and adding or deleting support as required.



Change service delivery

As a mental health worker you will deliver services in close collaboration with your supervisor. 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 would be done in collaboration with the 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 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 circumstances
- ▶ 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.

Change	Details
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.

Difficulties in meeting goals

It is not unusual for a person to face difficulties in meeting the goals of their recovery plans. Strategies to address these difficulties or barriers can 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.

Respond to changes

It is your role as a support worker to respond appropriately to changes by reducing, increasing, adding or supports that the person requires. You need to work collaboratively with the person and others in the care network to adjust the recovery plan. A team approach means that additional insights can be applied to the person's needs, barriers, challenges and potential solutions. Recovery plans must be adjusted as soon as possible to improve outcomes for the person and to prevent complications.

Here are some examples of a number of things that can be done in response to changes to a recovery plan.

Offer additional services

- ▶ Lee, a young adult with a mental illness and an intellectual disability, has relied on his mother to cook his meals. She has recently passed away. The services of Meals on Wheels are engaged to make sure he eats on a regular basis while he receives training in living skills.

Modify the current services

- ▶ Carole has been receiving one-to-one counselling for depression. This service is modified to include group counselling and peer support.

Offer different services

- ▶ Nina has been participating in a walking group to improve her physical and mental health. Now that it is winter, she finds it too cold to exercise outside. She attends water aerobics instead. Her need for companionship and exercise are met in a different way.

Use a different service provider

- ▶ Chen is unhappy with his current psychologist. He feels he does not listen to him and has no understanding or respect for his culture. An alternative provider with a good record of meeting the needs of culturally diverse persons is selected.

Update new details

When the person has agreed to and is happy with the new arrangements, you must record the according to your organisation's procedures. Procedures for adapting recovery plans will be outlined by the particular service organisations policy frameworks. Like all inclusions in the individual's recovery plan, the expected outcomes and responsibilities must be clearly documented and communicated to all people responsible for implementing and monitoring the plan. If this is done then the latest information is recorded and the person will be better supported if everyone in the care network knows what changes have occurred and why they were needed. Different organisations will have different procedures for changing an individual recovery plan.

Procedures for changing a recovery plan include:

- ▶ seeking feedback from the person
- ▶ researching alternatives
- ▶ brainstorming alternatives with the person
- ▶ completing a draft of the changes
- ▶ discussing the draft with the person and their advocate or relevant others
- ▶ formalising the new recovery plan
- ▶ implementing the new recovery plan
- ▶ monitoring and review the new recovery plan
- ▶ making further adjustments if required.

Exit a service

Mental health workers may need to refer a person to another service to assist their recovery process further. Referrals may involve services that are provided internally by another department, or by external agencies. All referrals are based on the information that workers have available to them at the time. Changes to the person's circumstances mean changes to their current services and referrals.

There are usually alternative referral options available and workers can support the person to access other services. This may not always be possible, especially in rural and remote locations where there are limited services available. In this case, workers may be required to advocate for the person to address any issues affecting their access to their current service.



Example

Adapt to changing circumstances

Alyssa has recently been the victim of family violence. Her mental health support worker, Jacinta, links Alyssa up with a service provider that specialises in providing support to people to escape from troubled relationships. Managing this situation becomes Alyssa’s immediate priority and her recovery plan is amended to reflect these changes. Jacinta and Alyssa also brainstorm other strategies to deal with the current situation.



Practice task 12

Read the case study, then answer the questions.

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, the mental health worker clarifies with Kathy effective strategies to meet her amended goals and service providers who may be able to assist.

1. What changes in Kathy’s goals require a change in the delivery of support services?

.....

2. What additional strategies could be offered to Kathy to support her in her new circumstances?

.....

.....

.....

3. What principles need to be considered in the documentation requirements for Kathy?

.....

.....

.....

.....

Click to complete Practice task 12

3D Document interactions and services according to organisation policy and procedures

Documenting interactions and service details about a person with mental illness is an important job that should always be done in a professional manner outlined by the organisation's policies and procedures. There are several legal requirements for the reporting, secure storage and access of these reports. The person with the mental illness should have their privacy and confidentiality rights respected and the records management system of an organisation should be such that these legal and ethical values are incorporated into their operations.



Complete documentation

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

Information must be documented so:

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

Notes and records

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

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

Be objective

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

Be precise

All workers struggle with a busy workload and so don't have a lot of 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.

Objective and factual reporting

Professional standards require that reports and documents use objective language based on fact and observation. Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability, ensuring that individuals are described in ways that are not affected by judgments, stereotypes, assumptions or opinion.



Subjective language

- Mrs Smith seemed depressed.
- Alex acted aggressively.
- Tamara looked nervous when I mentioned her parents.
- Mark is a drug addict.
- Mr Thompson is unable to care for himself at home.



Objective or factual language

- Mrs. Smith stated, 'I am feeling depressed.'
- Alex rose quickly, slammed the door and raised his voice saying, 'Get lost and leave me alone!'
- When I asked Tamara about her relationship with her parents, she looked down, twisted her hands and did not answer.
- Mark is dependent on heroin.
- Mr Thompson requires full physical assistance with all aspects of personal care, grooming and meal preparation.

Know what information to document

Although different organisations require workers to document different types of information, here are some examples of information that is usually required.

Information required
▶ Basic details such as name, contact details for person and other relevant parties
▶ Case history such as background information, description of presenting problem and diagnosis, previous experience with service delivery and the mental health system
▶ The person's progress against the recovery plan such as details the actions taken to date, the strategies and goals
▶ Difficulties the person is having in meeting their recovery goals and actions taken to address these difficulties
▶ The person's concerns or difficulties they have in meeting their goals
▶ Interactions with other services, internal and external
▶ Copies of correspondence (in and out, including relevant emails) should be kept on the file
▶ Important dates such as court dates, appeal limitation periods, health or training appointments
▶ The person's permission forms such as giving permission for the worker to speak with another agency about the person's situation or to advocate on their behalf
▶ Follow-up action to remind the mental health worker and the person what actions they have agreed to take and when

Security and access

Do not leave documents loose in the file; they should be attached 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, regulations and codes of practice service standards and principles.

Your current or future workplace will have policies that dictate:

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

Verbal reports

There may be instances where you also have to make verbal reports, particularly if you are giving someone instructions or reporting a situation that requires urgent attention. You can do this by telephone or face to face.

A verbal report should never be a substitute for a written report, and important information should always be followed up or confirmed in writing. There may be instances where you are unsure of what to do or where you need to relay information verbally to your supervisor. You must always take care not to compromise the person's confidentiality, and you must always document your verbal communications.



File documents according to organisational procedures

Information should always be kept in safe and secure areas. It is common to store hardcopy files in a lockable cabinet with files stored alphabetically by surname. Personal information should not be kept in an area accessible to members of the general public. You must always follow organisational procedures for filing information to ensure that information is not lost and can be readily retrieved by authorised personnel.

Electronic filing systems are common as well. In most cases software will allow information to be retrieved by using one or many fields, such as a person's last name or file number. Electronic filing systems use a password instead of a lock and key to protect the information. You should avoid logging on for another staff member and always log off when leaving the computer.

In any organisation there will be policies, guidelines and procedures about where reports and documents are to be filed. Records must be stored in the correct place so that they can be easily located and referred to when required, particularly if information has to be located quickly in an emergency.



Example

Basic file notes

29/10/2015

Ming attended an appointment at the office. Her mother drove her. She stated she was feeling miserable, is having trouble getting out of bed in the morning and that her sister is annoying her. Her demeanour was very flat and her speech slow.

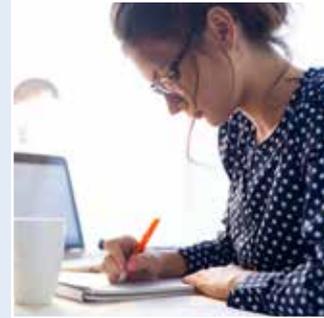
5/11/2015

Discussed with Ming my conversation with TAFE about art courses available next term. Ming was interested in the drawing course but we agreed we should discuss this again at our next meeting as Ming was struggling to concentrate.

Ming has an appointment with Dr Flynn tomorrow.

Meeting cut short as Ming wanted to return home to sleep.

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



Practice task 13

1. What are subjective comments and why are they not used in reports on people with mental illness?

.....

.....

.....

2. Give two other rules about case notes and recording information on people with mental health needs.

.....

.....

.....

3. What legislation and standards outline and provide guidance for the storage, security and access of personal health information?

.....

.....

Click to complete Practice task 13

3E Respond promptly to support people experiencing distress or crisis

At times it may be necessary to act quickly in response to an emergency situation where a person is experiencing distress or going through a crisis. As a mental health worker you need to respond in the best way to meet the immediate needs of the person experiencing the distress. You must always keep work health and a safety as a major consideration when responding to a crisis.



Respond appropriately within organisational guidelines

Services offering support to people with mental health needs have a duty of care to staff and the people they support and an obligation to provide a safe workplace or service. Each agency should have a policy that relates to safety and that reflects the requirements of legislation and any relevant service or accreditation standards. Three examples of where organisations policies provide details on what should occur in crisis are described here.

A policy on safety issues and prevention in mental health work

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

A policy regarding emergency response

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

A policy regarding security

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

Behaviours of concern

Supervisors can provide advice to support workers as well as family members and others about dealing with threatening behaviour or behaviours of concern. Aggression is one example of this, and includes any behaviour that another person finds offensive or frightening. Aggressive behaviour can be physical or verbal. It ranges from raised voices and speaking harshly to inflicting physical injury. Threats of physical violence and intimidation also cause emotional distress and can be traumatising. As a support worker, if you ever feel afraid for your own safety, you should remove yourself from the situation and report the incident immediately to your supervisor or as per your organisation's policies and procedures for emergencies.

Here are some examples of how to respond when confronted with threatening behaviour.

Advice for responding to behaviours of concern

- ▶ If a person threatens you, try to remain calm in order to prevent the situation from escalating.
- ▶ It is important not to insult or challenge the individual.
- ▶ If possible, wait until the person is in a calmer mood before trying to negotiate a solution to a particular problem.
- ▶ If the individual appears to be having a serious relapse in their mental illness, it is important to call in help from another family member, friend, outreach mental health team or the police for involuntary hospitalisation.

Defuse aggression

Mental health workers must know how to recognise when aggressive behaviour is escalating or becoming worse, and understand and use strategies that help minimise the behaviour.

It is best to try to prevent or defuse the aggressive behaviour as soon as you notice the signs, but sometimes preventive measures may not work. Do not blame yourself if aggression escalates. You should concentrate on handling the situation as best you can to minimise the aggression and change the situation. Always report the incident to your supervisor and follow up with documentation as soon as possible.

When handling escalating aggressive behaviour:

- ▶ stay calm and speak in a level and reassuring voice
- ▶ use the person's name and ask them to stop
- ▶ use short, clear and direct sentences
- ▶ do not raise your voice
- ▶ address the cause of aggression if possible
- ▶ try to distract the person and get them thinking about something else
- ▶ stay out of reach if there is the potential for injury
- ▶ do not intrude into their personal space as it may threaten them into reacting further
- ▶ keep yourself and the person as safe as possible
- ▶ call for help from co-workers, a carer, supervisor or the police if necessary.

Use negotiation techniques

Although aggression may be difficult to deal with at first, you will learn to handle these situations more effectively as your skills develop and your confidence grows. Reassure the person in distress that everything is going to be all right. Aggressive incidents are generally over in a short period of time.

By identifying and addressing hazards, you can ensure you are meeting their legal obligations according to workplace health and safety legislation. There are strategies that you can implement to reduce the risk of harm to yourself, the person, co-workers and visitors.

The majority of people do not present a risk to anyone but there are always exceptions. It is important that you are prepared to deal with these rare instances in a professional manner.

Negotiating is a good tactic that is used to control aggressive behaviour. Negotiation allows you to make decisions and manage the conflict. Here are some guidelines that can help you to divert and minimise aggressive behaviour.

Guidelines to help divert aggressive behaviour

- 1 Identify a safe place for negotiation.
- 2 Clarify what the conflict is about.
- 3 Be prepared to listen to the person.
- 4 Assert your needs clearly.
- 5 Have a flexible approach to problem-solving.
- 6 Negotiate calmly, respectfully and patiently.
- 7 Reach an agreement that works for both parties.

Example

Escalation of behaviour

Jenny is a mental health worker. She has a meeting with Amy, a person she is supporting, at a coffee shop. As they sit at a table, Amy becomes more and more agitated. Amy starts yelling at Jenny and uses abusive language. Jenny feels threatened and tries to use a calm voice when responding to Amy and reassures her that she can help support Jenny. Amy begins to feel afraid for her own safety as Jenny’s behaviour continues to escalate. Jenny decides to remove herself from the situation and reports the incident immediately to her supervisor. She documents the incident immediately on her return to the office.



Practice task 14

Read the case study, then answer the questions.

Case study

Adam is 26. He was diagnosed with a mental illness five years ago. He regularly attends a drop-in centre for people with mental illness, accessing recreational, social and job-seeking support. He is usually friendly and he hasn’t shown any aggressive behaviour in the three years he has used the service.

Today when Adam arrives at the centre, he is in a highly agitated state. He is yelling and swearing at his friend Khalid, accusing him of stealing money. His behaviour is bothering some of the other people attending and some look fearful. One of the men gets in between Adam and Khalid and there is a possibility that he will be unintentionally injured if the situation becomes physically violent. Before the mental health worker intervenes, she calls her supervisor to assist.

1. What could the support worker do to defuse the situation?

.....

.....

.....

.....

.....

.....

.....

2. What should the support worker do immediately after the incident is over?

.....

.....

Click to complete Practice task 14

3F Work within own limits and make referrals to other services according to the person's needs

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.



Work role boundaries

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

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

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

Seek assistance for issues outside work role

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

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

Referral processes

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

Whether the organisation is providing 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.

Example

Refer to another service

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 15

Read the case study, then answer the questions.

Case study

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

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

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

.....

.....

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

.....

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

.....

Click to complete Practice task 15

Summary

1. Social inclusion is important because it helps change stereotypes and stigma and showing that people with mental health needs contribute significantly in the community.
2. Always use a collaborative approach to providing support with many ideas and teamwork.
3. Always work with the person's rights in mind and make sure you explain these rights.
4. Work health and safety is everyone's responsibility and concern.
5. The *National standards for mental health services 2010* outline the guidelines for support services within mental health organisations.
6. Sometimes services need to be adapted due to changes in circumstances. Always work within the organisational policies and procedures when changes occur. Recovery plans need to be flexible and adaptive to respond to these changing circumstances.
7. Case notes are legal documents and need to be prepared in a professional manner according to the organisations procedures.
8. The storage and access to personal records must follow policy and legislative frameworks such as privacy and confidentiality.
9. Respond promptly when someone is experiencing distress or a crisis. Use negotiation techniques to defuse aggressive behaviour where possible and remove yourself from the situation if you feel under threat. Report incident as soon as possible.
10. Always work within your work role and boundaries, referring as necessary when you require outside expertise or additional support.

Learning checkpoint 3

Work to meet aspirations and needs

This learning checkpoint allows you to review your skills and knowledge in providing support to facilitate progress towards a person meeting their aspirations and needs, in collaboration with the person and others in their care network.

Part A

1. Outline the benefits of a successful collaborative approach to supporting a person with mental health needs.

.....

.....

2. Provide two examples of the type of work health and safety organisational guidelines that should be available for all people working in mental health services.

.....

.....

3. List two pieces of advice you could offer a mental health worker about how to respond to aggressive or threatening behaviour.

.....

.....

4. What legal and ethical rights and responsibilities must you observe to ensure workers and people with mental health needs are safe in your workplace?

.....

.....

.....

.....

5. Explain why it is important that mental health workers work towards implementing the key principles of the National standards for mental health workers (NSMFS) in their daily work. What are the consequences for not adhering to these standards?

.....

.....

.....

.....

.....

.....

.....

.....

6. Are children in the workplace considered under the workplace health and safety legislation? Explain your answer.

.....

.....

.....

.....

.....

.....

.....

.....

7. On a scale of 1 to 10 (1 being low risk, 10 being high), how would you rate the following: A person you are supporting, who has just begun taking new medication, wants to drive five hours to visit a relative. Explain your answer.

.....

.....

Part B

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

Case study

Ben is 19 years old and has been living with complex mental health needs for the last five years. His latest recovery plan, which was developed two months ago, states he would like to access supported employment opportunities. Ben tells his current mental health worker that he feels he agreed to this goal to please his last case manager, but doesn't think he can work as his symptoms are so erratic. He feels that the pressure to work is having a negative impact on his recovery. Ben says he still wants to find work but perhaps not immediately.

1. How can the mental health worker adapt the service delivered to Ben to support his goals of employment?

.....

.....

.....

.....

2. How does supporting Ben to obtain employment uphold social inclusion principles?

.....

.....

.....

.....

3. What legal and ethical factors need to be considered for recording the changes in Ben's recovery plan?

.....

.....

.....

.....

4. If Ben's support worker felt that offering supported employment opportunities was outside of her work role, what should she do to support Ben and what organisational procedures must occur?

.....

.....

.....

.....