

Contents

Before you begin	vii
Topic 1 Identify and build resilience and capacity in the care network	1
1A Identify scope and membership of care network and community	2
1B Clarify roles and importance of care network and determine positive impacts	20
1C Expand or strengthen care network and increase community participation	29
1D Assist the person to uphold their rights and build resilience and capacity in their network	33
Summary	46
Learning checkpoint 1: Identify and build resilience and capacity in the care network	47
Topic 2 Develop effective working relationships with other services	57
2A Establish networks to increase service options	58
2B Review local services for contribution to the recovery process	62
2C Clarify individual, team and multidisciplinary roles	67
2D Establish, negotiate and document partnerships	71
2E Develop working relationships with local service providers	77
2F Identify role limits and make referrals to other services	81
Summary	85
Learning checkpoint 2: Develop effective working relationships with other services	86
Topic 3 Review and monitor services provided by other organisations and programs	91
3A Collaborate to review referrals and services offered	92
3B Identify gaps or additional services needed	95
3C Negotiate and advocate to ensure programs meet individuals' recovery goals	98
3D Identify and address difficulties experienced with the services	101
Summary	106
Learning checkpoint 3: Review and monitor services provided by other organisations and programs	107

1A Identify scope and membership of care network and community

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



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

Care network and community

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

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

Membership of a care network may include:

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

The recovery model in practice

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

The recovery model:

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

Develop a recovery program

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

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

Key factors in developing an individual recovery program include:

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

Health promotion and prevention

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



Standards for mental health

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

You can read the *National standards for mental health services 2010* on the Australian Government Department of Health website: www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-servst10

Ten standards with which mental health services should comply

-
- 1 Rights and responsibilities**

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

 - 2 Safety**

The activities and environment of the MHS are safe for individuals, carers, families, visitors, staff and the community.

 - 3 Individual and carer participation**

Individuals and carers are actively involved in the development, planning, delivery and evaluation of services.

 - 4 Diversity responsiveness**

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

 - 5 Promotion and prevention**

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

 - 6 Individuals**

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

 - 7 Carers**

The MHS recognises, respects, values and supports the importance of carers to the wellbeing, treatment, and recovery of people with mental illness.

 - 8 Governance, leadership and management**

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

 - 9 Integration**

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

 - 10 Delivery of care**

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

Example

Identify scope and membership of care network and community

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



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

Practice task 1

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

Case study

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

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

Example

Expand or strengthen care network and increase community participation

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



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

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

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

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



Practice task 3

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

Case study

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

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

Legal and ethical human rights

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

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

Human rights treaties supported by Australia

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

Legal and ethical privacy considerations

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

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



Disclose and share information

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



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

Collection, use and storage of information

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

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

You can read more about the privacy principles at: www.oaic.gov.au/images/documents/privacy/privacy-resources/privacy-fact-sheets/privacy-fact-sheet-17-australian-privacy-principles_2.pdf

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.

Records management

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

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

Be objective

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

Be precise

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

Be clear

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

Be timely

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

Ensure notes are complete

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

Handwriting

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

No personal abbreviations

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

Spelling

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

Date

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

Summary

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

2B Review local services for contribution to the recovery process

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

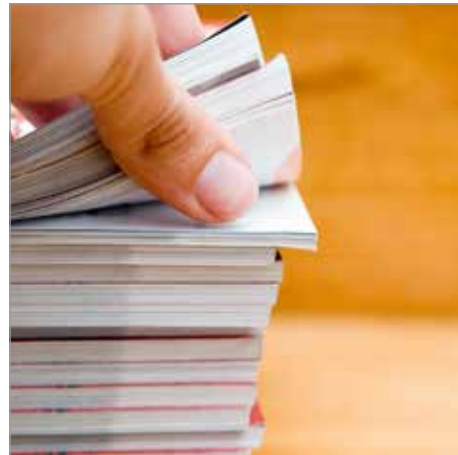
You need to develop your knowledge of the resources and services available in the person's community so you develop a program that takes advantage of the opportunities and support on offer.

Recovery can be supported in the community through:

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

Gather and review information

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



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

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

Housing

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

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

Youth work

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

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

Children's services

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

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

Child protection

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

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

Employment services

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

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

Additional collaborators

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

Funding bodies

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

Case manager

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

Next of kin

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

Legal guardian

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

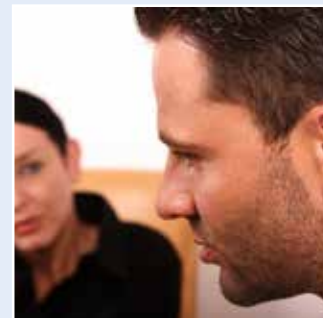
Advocates

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

Example

Clarify individual, team and multidisciplinary roles

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



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

Assertive communication and active listening

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

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

When

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

Example:

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

I feel

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

Example:

'I feel anxious and under pressure.'

What I would like is...

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

Example:

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

Escalated conflict

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

How to stay focused during conflict:

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

Self-actualisation and purpose

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

Example of behaviours :

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

Example

Develop working relationships with local service providers

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

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

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

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

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



Practice task 9

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

Make referrals in accordance with organisation policies and available resources

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



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

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

Availability, appropriateness and referral protocols

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

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

3A Collaborate to review referrals and services offered

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

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

Reasons for undertaking a review

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

Review referrals and services offered

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

A review process involves:

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

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

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



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

Negotiate and advocate to meet recovery goals

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

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

Rights that workers may need to negotiate or advocate

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

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.

Financial

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

Reflective practice, growth and learning

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



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

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

Read more about The National standards for mental health services 2010 at:

- ▶ www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-servst10.

Example

Identify and address difficulties experienced with the services

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



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