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Change questions

Change questions move from the static to the dynamic or from the present situation to a more ideal situation.

Example: 'What exactly needs to change here?'

Alternative questions

Alternative questions help to identify and evaluate alternatives.

Example: 'What are the consequences of each alternative you see?'

Personal inventory and support questions

These questions identify an individual's interests, potential contributions, and support required for them to act.

Example: 'What do you like to do that might be useful in bringing about these changes?'

Personal action questions

Personal action questions are designed to get to the specifics of what to do, when to do it, and how it should be done.

Example: 'Who do you need to talk to?'

Clarify advocacy issues

Asking strategic questions of an individual or group will allow you to clarify their advocacy issues. Sometimes there may be a number of issues faced by a person. If this is the case, ask questions that get to the root cause of the problem so you can get a clear idea of what the person's main advocacy issue is and work to help them solve their own problems, one at a time.

Write down the answers an individual or group gives you so you can refer back to the information in the future, and record how you assisted them to prepare for self-advocacy.

Strategic questioning will allow you and the self-advocates to:

- ▶ identify the main issue; for example, what makes them angry or upset
- ▶ clarify how the issue makes them feel; for example, angry or upset
- ▶ identify who is causing the problem; for example, the self-advocate or somebody else
- ▶ discover why the issues makes a person feel a certain way; for example, that their rights are not being met
- ▶ identify when the issue occurs the most; for example, when the person is alone, or with others
- ▶ identify where the issue occurs the most; for example, in one place, or in many places.

Behavioural

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

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.

Here 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. Treatment includes medication and community support programs.

Examples of extreme moods include being or acting:

- ▶ high and excitable
- ▶ grandiose and reckless
- ▶ helpless
- ▶ sometimes suicidal.

Borderline personality disorder

People with borderline personality disorder (BPD) may experience distressing emotions, have difficulty relating to other people and may exhibit self-harming behaviour.

Treatment includes a combination of psychological therapy, medication and community support.

Symptoms may include:

- ▶ feelings of abandonment and insecurity
- ▶ confusion and contradictory feelings
- ▶ impulsiveness and reckless behaviour
- ▶ self-harm
- ▶ possible psychotic symptoms such as delusions.

Major depressive 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. Treatment includes medication, individual therapy and community support programs.

The following provides information about how self-advocacy has evolved over time, reflecting changing attitudes and approaches to assisting people with mental health needs to advocate for themselves.

Historical changes in approaches to mental health needs	
1960s	<p>The self-advocacy movement began in Sweden where people with mental health needs were supported to form and lead their own leisure clubs.</p> <p>National conferences for leisure club members were held and the participants developed statements about how they wished to be treated.</p>
1970s	<p>The leisure club idea spread to Britain and Canada, and the concept of self-advocacy spread across the United States. A group from Oregon formed a self-advocacy group called People First, because they felt their disabilities were secondary to their personhood.</p> <p>Psychiatric patients took on a more prominent role in self-care and began speaking up for their rights, needs and preferences.</p>
1980s	<p>Changes occurred in the medical area where patients were encouraged to participate in decision-making about their own care and treatment, and to be knowledgeable about the supports and services they required.</p>
1990s	<p>Participants attending a national conference in Nashville in 1991 voted to have a national coalition of state and local organisations. By 1993, there were at least 27 state-wide self-advocacy organisations.</p>
2000s	<p>People with mental health needs, illnesses or disorders are now encouraged and assisted to stand up for their needs and rights, and participate in decisions made about their care and recovery. Mental health consumers and patients are provided with legal protections against discrimination as a result of their mental health needs or illness.</p>

Values of self-advocacy

The values of self-advocacy are built on the principles of human rights and social justice. Core values are based on beliefs such as the following:

- ▶ Consumers are not defined by their mental illness or disability.
- ▶ Consumers are supported to make their own decisions.
- ▶ Consumers are valued as individuals.
- ▶ Consumers are valued as equals.



Compulsory patients

An assessment order allows a psychiatrist to examine a person to decide whether they have a mental illness, even if they do not want to be assessed. A doctor or mental health practitioner (nurse, occupational therapist, psychologist or social worker employed or engaged by a designated mental health service) can make an assessment order. Compulsory patients can be assessed in the community or at a hospital. Compulsory patients are still afforded human rights and are encouraged to make or participate in decisions about their treatment.

Support and self-help groups

Support and self-help groups exist to provide information, programs, social networking and support opportunities to people who share common interests or experiences. There are numerous mental health support and self-help groups that provide advocacy services to the community. Some groups work together to advocate for issues a specific cause, such as schizophrenia treatment, or the prevention of post-natal depression. The purpose of these groups is to focus on the present and work on making changes to improve the lifestyles of the individuals' affected. Services are confidential, welcoming to everyone, and usually free.

Legal and ethical considerations

Legal frameworks are based on law and breaches carry legal penalties. Ethical frameworks may be, but are not always, supported by law, and may not carry legal penalties. Both are intended to support and protect the rights of people receiving services, and to reinforce the duties and responsibilities of workers. Legal frameworks are Acts of Parliament relating to service provision, with attached regulations and service standards. Ethical frameworks include declarations of human rights, codes of ethics, codes of practice and codes of conduct, and agency policies and procedures.

Mental health legislation

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

In Victoria, the purpose of the *Mental Health Act 2014* (Vic.) is to provide a legislative scheme for the assessment of people who have mental health needs 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.

Discrimination

To discriminate means to treat someone unfairly or favour others. Discrimination is never acceptable behaviour. It is unlawful to discriminate against people on the basis of age, gender, ethnicity, disability or impairment, marital status, sexual preference, political or religious beliefs. Organisations within Australia must comply with a variety of federal Acts, national standards, and state Acts aimed to prevent discrimination and foster equality of opportunity.

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.

Breach of Standards

If the standards outlined in the NSMHS are not adhered to, there are no specific consequences for services delivering mental health services or their staff. These are recommended Standards but 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.

Here is more information on the frameworks, accreditation programs and implementation guidelines of the Standards.

Quality, safety and performance frameworks

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.

Accreditation programs

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.

Implementation guidelines

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 a duty to the public; for example, there is public threat or concern
- ▶ the person has consented to the disclosure.

Policy frameworks

The national framework for recovery-oriented mental health services provides a new policy direction to improve and enhance mental health service delivery in Australia. It combines a range of recovery-oriented approaches developed in each Australian state and territory, and draws on national and international research to provide a national understanding and approach to recovery-oriented mental health practice and service delivery. The purpose of the framework is to improve outcomes and quality of life for people with mental health issues, illnesses and disorders.



The framework was developed through an extensive consultation process involving individuals and organisations across Australia. The lived experience and insights of people with mental health issues and their families are central to the framework. It is designed to help mental health professionals in a range of settings to align their practice with recovery principles. Mental health settings include hospitals, community mental health services and other public, private and non-government health and human service settings.

The framework applies to all people employed in the mental health service system, regardless of role, profession, discipline, seniority or degree of contact with people accessing services. It is also designed for people working in administration, policy development, research, program management and service planning.

Resources for practitioners, services, carers and mental health consumers to help in the implementation of the framework are available at:

- ▶ www.health.gov.au/mentalhealth.

Rights and responsibilities

In every organisation, whether it is public or private, small or large, everyone has rights and responsibilities. For example, an employer has a right to expect certain levels and standards of performance from employees, and employees have a right to expect certain conditions from employers. The employer is responsible for the successful operation of the organisation; employees must complete their work tasks to ensure the operation runs efficiently.

Violation of right	Cause	Recommendation
Violations within psychiatric institutions	<ul style="list-style-type: none"> ▶ The use of illegal physical restraints ▶ Unsafe and unhygienic living conditions ▶ Insufficient heating or cooling facilities ▶ People kept in seclusion for long periods of time ▶ People isolated from society and their families due to distance 	Monitoring bodies must be set up to ensure that human rights are being respected in all mental health facilities.
People experiencing discrimination and violations of their basic rights, inside and outside of psychiatric institutions	<ul style="list-style-type: none"> ▶ Stigma in society relating to mental health issues ▶ Deprivation of civil rights, including the right to vote, marry, or have children ▶ Limited access to employment, education, and shelter 	People with mental health needs must be afforded the same human rights as everyone else and be protected from discrimination, especially people who belong to a vulnerable group.
Inappropriate detention in prisons	<ul style="list-style-type: none"> ▶ People with mental illnesses or disorders are detained in prison due to a lack of mental health services or facilities 	People with mental illnesses and disorders should be diverted away from the criminal justice system and towards mental health services.

Social justice principles

Social justice contains the notion of equality and equal opportunity in society. It may also be viewed as ‘justice as fairness.’ Social justice principles target the marginalised and disadvantaged groups in society. People with mental health issues often fall into the category of the marginalised and disadvantaged. Social justice principles may include human rights, self-determination, access and equity, participation and empowerment.



Human rights

Human rights recognise the value of every person, regardless of background, where we live, what we look like, what we think or what we believe. Human rights are based on principles of equality and respect, 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 consumers with mental health issues. It allows all people to contribute to society and feel included.

1D Work with others to evaluate and negotiate advocacy options

As a mental health worker, you should work with individuals and groups to evaluate and negotiate their advocacy options. Self-advocacy is just one form of advocacy available to mental health consumers. There may be other advocacy options that are more appropriate for people to use in addressing their mental health issues.

A person with mental health needs may require the assistance of an advocate to represent the person's interests, needs, rights and preferences in situations where the person:

- ▶ is not mentally strong enough to represent themselves
- ▶ does not have the requisite skills and knowledge
- ▶ does not have access to appropriate resources
- ▶ is not confident in self-advocacy
- ▶ does not have the mental or physical capacity to make decisions about their care and treatment without assistance.



Whenever you work with mental health consumers, you must ensure that you work within your work role boundaries, responsibilities and limitations.

Advocacy functions

Advocacy is the process of standing alongside an individual or group who is disadvantaged, and speaking out on their behalf in a way that represents their interests, needs, rights and preferences. The purpose of advocacy is to bring about beneficial outcomes in a way that enables each mental health consumer to retain as much control and independence as possible over how it is delivered. Advocates provide information and advice to people with mental health needs in order to assist the person to take action to resolve their own concerns, or may take an active role in representing the individual or group's rights to another person or organisation.

The following outlines the functions of advocacy.

Functions of advocacy

- ▶ Promoting the interests of mental health consumers to ensure government, agency, and service provider accountability
- ▶ Monitoring compliance with international and national obligations
- ▶ Scrutiny of legislation, programs and initiatives
- ▶ Conducting or coordinating research to promote best practice in relation to mental health
- ▶ Resolving complaints and conducting inquiries into individual concerns

Types of support

When providing support or advocacy services for people with mental health needs, it is useful to consider and review the types of support that can be offered. These are outlined here.

Types of support that may be required

Emotional support

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

Practical support

Practical support 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 health needs can become aggressive, risking the physical safety of others. Support may be required to manage this risk.

Example

Work with others to evaluate and negotiate advocacy options

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, Suzi, and others at the service she attends, that she is unhappy with changes recently made to her treatment plan by her psychiatrist. She has raised the issue with her psychiatrist, but he insists that inclusion of stronger medication will be more effective for her recovery long-term.



Jenny asks Suzi if she would assist her to have a more decisive role in her treatment and recovery. Jenny says that is not confident enough to challenge her psychiatrist and would like the assistance of a third party to help her express her needs. Jenny and Suzi sit down and carefully discuss Jenny's concerns. Suzi explains to Jenny the different type of advocacy options available to her. Suzi assists Jenny to contact a mental health advocacy service in her local area that can support Suzi to:

- ▶ gain skills, knowledge and education on how to advocate for herself
- ▶ have more control over her psychiatric treatment plan, including making decision on the medication prescribed to her.



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Practice task 5

1. Provide one reason that information must be documented in the workplace.

2. Provide one reason that records in the workplace must be treated with considerations to security and access.

[Click to complete Practice task 5](#)

Summary

1. The promotion and facilitation of self-advocacy contributes to a person's self-determination, empowerment and right to make informed choices in regard to all aspects of their life.
2. In the mental health sector, self-advocates might actively promote the better access to mental health services, or advocate for the protection of vulnerable people when accessing mental health services.
3. The promotion and facilitation of self-advocacy contributes to a person's self-determination, empowerment and right to make informed choices in regard to all aspects of their life.
4. Once you have clarified the advocacy issues of the individual or group you support, you will need to decide on what information they need to successfully participate in self-advocacy activities.
5. Promoting and facilitating self-advocacy with an individual or group 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 care and recovery.
6. Evaluate the situation of the person you support and help them to select an advocacy option that suits their needs and interests, and that will achieve the best possible outcome.
7. Documenting advocacy options, interactions and service details about a person with mental health and/or advocacy needs is an important job that should always be done in a professional manner outlined by your organisation's policies and procedures.

Attitudes and stigma

Misconceptions about mental illness and lack of understanding result in stigma, prejudice, discrimination or negative attitudes about people with mental health needs. 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.

Here 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.

Overcome barriers to self-advocacy

Your ability to effectively assist individuals and groups to overcome potential barriers to self-advocacy can be using a strength-based approach to practice. This type of approach acknowledges that all people have skills and capacities, and encourages individuals and families to build on these strengths, encouraging self-direction and self-advocacy. Self-direction encourages a person and their family or carers to make their own choices.

4. Consider legal and ethical responsibilities

You should provide the individual with information pertaining to their rights as laid out in legislation. Research should be conducted to ascertain whether the individual has a legal right to have their specific needs met, or whether there is recourse where a need has been infringed upon. Having a strong legal argument enables the support worker/advocate to enter into the advocacy process from a strong position.

5. Identify people who can help

Identify the appropriate people, service providers, organisations or agencies to approach who can help the individual to achieve their self-advocacy goal. This should include people who have an interest in the result of the self-advocacy process. It is also beneficial to identify potential opponents so that any threats to the success of the proposal can be reduced or planned for.

Contact people for assistance in writing, by the phone, online, or during a face-to-face meeting. Make sure you follow other yours and other organisation's policies and procedures when making a complaint, or filing a request for a meeting.

6. Develop the message

A strong overarching message will hold the entire self-advocacy strategy together. In order to influence decision-makers, you should invest time in developing the key message early in the self-advocacy planning. The message should grab the attention of the target audience and have a real memorable impact. There are two types of messages in self-advocacy:

- ▶ **Primary message:** This is the most universally compelling message for the target audience. It should:
 - Include a statement about the issue
 - include evidence to support the argument
 - include an example
 - highlight what the individual wants to achieve
 - describe the action desired to resolve the issue.
- ▶ **Secondary message:** This explains how the goals of the primary message will be met. There can be several secondary messages that are designed for more specific audiences.

7. Select a messenger

The self-advocacy message will have a different impact depending on who is delivering it. Messengers should be chosen strategically and selected based on the influence they have over the target audience. In self-advocacy, the individual will be the messenger. You should build self-advocacy skills in the individual to ensure they maximise on their opportunity to express themselves and have a significant impact on the target audience.

2D Provide opportunities for practising self-advocacy

As a mental health worker, you should provide the people you support with time and opportunities to build and practise their self-advocacy skills. Individuals and groups may have a comprehensive knowledge of the issue they are self-advocating for, but do not have the tools and techniques to promote and present their issue in a way that will bring about change.

The manner in which a person communicates their issue will have a significant impact on the results of self-advocacy. Mental health workers can provide opportunities for people with mental health needs to practise self-advocacy through role-play activities, the delivery of verbal presentations or practising written communication.



Self-advocacy skills

Self-advocacy skills enable a person with mental health needs to decide what they want from the mental health system, and what they should expect. When a person has good self-advocacy skills, they have more control over their care and recovery and make the life decisions that are in their best interests. Self-advocacy skills help empower individuals and groups to speak up for themselves, and make decisions that positively affect their lives.

Self-advocacy skills may include, but are not limited to:

- ▶ understanding of and use of basic choices
- ▶ awareness and understanding of own rights
- ▶ assertiveness skills
- ▶ knowledge of people and services that can offer assistance
- ▶ decision-making skills
- ▶ sense of responsibility and control over life decisions and actions
- ▶ ability to influence agency processes and policies
- ▶ ability to express needs and preferences
- ▶ self-confidence
- ▶ ability to speak up in appropriate ways
- ▶ awareness and understanding of own responsibilities
- ▶ the ability to make complex choices
- ▶ understanding and knowledge of meetings and procedures
- ▶ capacity to work effectively as part of a group.



Human resources

Human resources who can help and support the self-advocate to achieve their goals may include the following:

- ▶ Key people who can help self-advocates to access their target audience
- ▶ Mental health workers or other support workers who can assist individuals or groups to prepare for self-advocacy
- ▶ Local, state or federal government agencies
- ▶ Private organisations
- ▶ Community services organisations
- ▶ Mental health service providers
- ▶ Family or friends of the self-advocate



Professional expertise

Certain experts or health professionals may be required to provide advice, evidence, or specialist expertise on an individual's self-advocacy issue, such as the following:

- ▶ Community and/or business leaders
- ▶ Employers
- ▶ Pastors or spiritual advisers
- ▶ Legal and financial advisers
- ▶ Media and media services
- ▶ Political representatives
- ▶ Ombudsman



Information

Useful information may include the following sources:

- ▶ Academic research papers and results
- ▶ Newspaper and magazine articles
- ▶ Television programs or documentaries
- ▶ Australian Bureau of Statistics data
- ▶ Social media campaigns
- ▶ Government agencies
- ▶ Libraries
- ▶ Government departments and advisory bodies
- ▶ Support groups
- ▶ The internet
- ▶ Peak industry bodies
- ▶ Other people with similar issues

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 when documenting self-advocacy activity.

Information required

- ▶ Basic details such as name and 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 their self-advocacy strategy, such as details the actions taken to date, the strategies and goals
- ▶ Difficulties the person is having in meeting their self-advocacy goals and actions taken to address these difficulties
- ▶ The person's concerns or difficulties they have in meeting their self-advocacy goals
- ▶ Interactions with other services, internal and external
- ▶ Copies of correspondence (in and out, including relevant emails) 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

Organisational policy and procedures

Self-advocacy information must be recorded according to your organisation's procedures. Procedures for adapting self-advocacy strategies will be outlined by the particular service organisation's policy frameworks. The expected outcomes and responsibilities must be clearly documented and communicated to all people responsible for implementing and monitoring the self-advocacy strategy. 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.





Measure success

One of the easiest ways to measure the success of self-advocacy is to ascertain whether the individual's self-advocacy goals were achieved, and to what extent. For example, if the individual's goal was to include a medication on the Pharmaceutical Benefits Scheme (PBS), success will be measured on whether the inclusion of that medication on the PBS was achieved.



Revisit goals

You should revisit the individual's self-advocacy goals to determine whether the individual was able to meet those goals, or is actively working towards achieving them. To do this, you should assess whether the strategies used by the individual to deliver their self-advocacy argument were effective in generating a resolution or agreement.



Consider feelings

Look back through your case management notes and consider how the individual felt before and after self-advocacy took place. If the individual is feeling defeated or overwhelmed by the process, it is unlikely that the self-advocacy strategy was the best option in helping them to overcome their issue. Alternatively, if the individual is more confident and positive about their situation after self-advocacy, it is likely that the strategies and actions used were successful and beneficial.

Encourage progress

You may discover in your follow-up that the individual is still working towards achieving their self-advocacy goals. It is important that you encourage and support the individual to continue the self-advocacy process so they don't lose motivation or feel as though they have failed to have their needs met.

Celebrate small successes and congratulate the individual on the progress made so far. If no progress has been made, it might be necessary for you to re-evaluate the self-advocacy strategy and design new activities that will be more effective in delivering the self-advocate's message.

If progress is ongoing, conduct regular follow-up activities and ask questions that ascertain the individual's achievements, progress and motivation levels. Ask the individual to describe any strategies they have used to further their cause, and discuss how any new or potential barriers to self-advocacy can be overcome.





Topic 4

In this topic you will learn how to:

- 4A Model aspects of self-advocacy through assertive communication skills**

- 4B Identify and use opportunities to promote the right of individuals to self-advocate and develop promotional material**

- 4C Encourage a culture of self-advocacy and dignity of risk**

- 4D Raise awareness about barriers to self-advocacy**

Promote self-advocacy

Mental health workers can promote self-advocacy by using assertive communication skills, promoting the rights of individuals to stand up for their needs and interests, encouraging a culture of self-determination and dignity of risk, raising awareness about barriers to self-advocacy, and produce promotional material.

Promoting self-advocacy empowers individuals and groups to speak up for themselves on issues that affect their lives, and make decisions about their mental health care, treatment and recovery.

Aggressive communication

Behaviours of aggressive communication may include the following:

- ▶ Angry facial expression
- ▶ Tense, rigid posture
- ▶ Using a loud voice
- ▶ Displaying jerky body language and gestures
- ▶ Strutting or pacing
- ▶ Using insulting language
- ▶ Disrespecting the person space of others
- ▶ Interrupting others impatiently
- ▶ Not listening
- ▶ Acting annoyed or frustrated

Assertive communication

Behaviours of assertive communication may include the following:

- ▶ Using body language that is confident, calm and respectful of others
- ▶ Making eye contact with the people you are talking to
- ▶ Having facial expression consistent with your message
- ▶ Using polite and respectful language
- ▶ Using a clear voice that can be easily heard
- ▶ Sounding firm if you seek change
- ▶ Sounding appreciative if you seek help
- ▶ Sounding happy if you want someone to do something for you
- ▶ Respecting the personal space of others
- ▶ Speaking passionately about the issue

Example

Model aspects of self-advocacy through assertive communication skills

To model aspects of self-advocacy through assertive communication skills, mental health workers could use the SOLER communication theory to remember and use effective non-verbal behaviours during advocacy or self-advocacy processes.

SOLER

S – Square posture

O – Open posture

L – Lean forward

E – Eye contact

R – Relax

4C Encourage a culture of self-advocacy and dignity of risk

Dignity of risk in the self-advocacy context refers to self-determination or taking responsibility for one's self-management and autonomy in one's life choices, and the willingness to take informed and planned risks in order to grow.

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.



As a mental health worker, you should encourage a culture of self-advocacy and dignity of risk in the provision of supports and services to people with mental health needs.

Encourage a culture of self-determination

For mental health providers to encourage a culture of self-determination that supports self-advocacy and dignity of risk, there is the challenge to reinvent their approaches to risk management that determine whether or not the risks that are worthy of the extra effort, tension and uncertainty. This is the balance that people with mental health needs seek and the kind of support that will have a significant impact on their lives.

There is increasing recognition of the rights of people with mental health needs, illnesses and disorders, of affording them with the dignity of control over their own lives and of their right to take the normal risks in life that the rest of the community takes for granted. Yet access to these rights can sometimes be hindered by concerns about risk management within mental health organisations, resulting in the needs and goals of mental health consumers being marginalised.

Self-advocacy

Self-advocacy refers to the ability to speak on one's own behalf. To encourage a culture of self-advocacy means to promote and uphold the principles of self-advocacy in your workplace. Encouraging a culture of self-advocacy may involve promoting awareness through training in self-advocacy skills, such as communication, assertiveness and leadership. In the mental health sector, it is important that a service's culture assists the person receiving support to develop self-advocacy skills through a culture of support and encouragement. As a mental health worker, it is important that encouragement of self-advocacy is demonstrated by providing the person with the necessary resources and facilitation to nurture this skill.