Contents

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.

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.

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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

Promote fairness and provide people with the services they need.

Provide service based on the person's needs and goals.

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.

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.

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.

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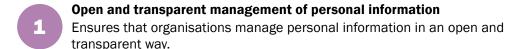
The following provides information about how mental health work and treatments have changed over time and reflects changing attitudes and approaches to working with people with mental health needs.

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.

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.

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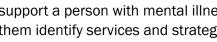
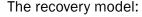# 2B Discuss with the person strategies that support empowerment and recovery

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.

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.

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.

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.

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.

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.

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.

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.

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 the 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.

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.

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.

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.