

Contents

Before you begin	vii
Topic 1 Promote principles of recovery and recovery-oriented practice	1
1A Respect the person as the author, definer and director of their own recovery journey	2
1B Work in ways that inspire hope for the future and belief in recovery	7
1C Identify and take into account personal values and attitudes	12
1D Consider and respect contribution of the person's whole of life situation in the recovery process	17
Summary	23
Learning checkpoint 1: Promote principles of recovery and recovery-oriented practice	24
Topic 2 Establish the context for a self-directed recovery relationship	27
2A Establish and maintain a safe, positive working relationship and environment	28
2B Identify and address the power dynamics impacting on the relationship	34
2C Build a relationship based on shared understandings and effective communication	38
2D Interact with the person showing warmth, openness, care and authenticity	47
2E Discuss, clarify and use the person's preferred language and understandings about their experience	53
2F Adjust communication strategies to meet cultural preferences	57
2G Clarify role expectations and define appropriate relationship guidelines	61
Summary	66
Learning checkpoint 2: Establish the context for a self-directed recovery relationship	67
Topic 3 Invite information sharing	73
3A Invite the person to tell their story	74
3B Respond appropriately to clarify and check understanding of the story	78
3C Acknowledge situation and foster respect, dignity and hope	81
3D Recognise impacts of mental illness and diagnosis on the person's life and sense of self	89
3E Establish eligibility and priority for service and refer appropriately if required	94
3F Work within the context of the person's experiences, understandings and meanings to understand their needs	100
Summary	105
Learning checkpoint 3: Invite information sharing	106



Topic 1

In this topic you will learn how to:

- 1A Respect the person as the author, definer and director of their own recovery journey**
- 1B Work in ways that inspire hope for the future and belief in recovery**
- 1C Identify and take into account personal values and attitudes**
- 1D Consider and respect contribution of the person's whole of life situation in the recovery process**

Promote principles of recovery and recovery-oriented practice

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

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

It is important to remember that recovery does not necessarily mean that the person is cured; recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems.

Functional recovery

A person experiences functional recovery as they are able to participate more in everyday life; for example, organise their financial situation and keep appointments.

Social recovery

Social recovery sees a growth in the person's ability to participate in relationships and in the community. This gives them more choice about accessing communities.

Recovery

A recovery-oriented 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.

Work to encourage recovery and a person's rights

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

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

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

Factors conducive to recovery

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

Identify personal attitudes when planning and implementing activities

A person's attitude to their own illness and the illnesses of others can be very persistent and resistant to change; others may be held more lightly. The persistence of an attitude is probably related to the importance of the subject to the person who holds it; and many factors may contribute to this. In community service work, particularly in the mental health sector, projecting and maintaining a non-judgmental attitude is held to be important and this takes high-level communication skills to achieve.



Workers' attitudes to recovery, mental health and illness are crucial. The attitudes of people who receive services to recovery, mental health and illness are crucial. In the working relationship, the first step may be to identify attitudes on both sides; examine them; and reflect on whether they are positive, constructive and helpful to recovery, or negative, destructive and unhelpful to recovery. A shared understanding of this can be the start of a productive, supportive working relationship.

Principle of empowerment

Empowerment is a major principle of the mental health sector and drives the approach of mental health workers supporting 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 patients.

Here is an outline of different traits that empowered and disempowered people typically have.

Traits of an empowered person	Traits of a disempowered person
▶ Decision-making power in their own life	▶ Doesn't feel they have a say in their own life
▶ Access to information and resources	▶ Can't make choices or solve problems
▶ Assertive	▶ Struggles to take on responsibilities, such as managing their own health or being a productive employee
▶ Understands that people have rights	▶ Will never be able to work or make their own way in life
▶ A positive self-image and overcomes stigma	▶ Feels of little or no value as a person
▶ An ability to contribute to the development and management of mental health services	

Summary

1. There has been a significant shift from older models of service provision in the mental health sector.
2. Recovery is about building a meaningful and satisfying life, as defined by the person who has mental health support needs, whether or not there are ongoing or recurring symptoms or problems.
3. A recovery-oriented approach sees a person with mental health support needs as the primary decision-maker who can identify their own needs and goals and select the strategies, methods services and resources used to achieve those goals.
4. The mental health value of recovery and empowerment implies consulting the person at every stage of the recovery journey and valuing the contributions made by the person.
5. Workers who use a recovery-oriented approach need specific skills to build and maintain an effective collaborative relationship. Communication skills are important, along with awareness of factors such as personal values, stereotypes and assumptions about mental illness that might influence the collaborative relationship between the worker and the person who receives services.
6. Workers must be aware of work role boundaries, as outlined in their position description. They should consult their supervisor and organisational documents when uncertain about any aspect of their role.
7. State and territory legislation provides the legal framework for the care and treatment of people living with mental illness, whether in the community or in a psychiatric facility. A range of national standards has been developed in Australia relating to mental health services.
8. A person's whole of life situation can impact their recovery journey.

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.

Cultural safety

A culturally safe environment is one in which a person's identity, cultural and otherwise, is not challenged. Culturally safe practices include actions that meet people's needs and respect their culture, identity and rights. Culturally unsafe practices diminish or disempower a person's cultural identity and wellbeing.

Strategies to promote cultural safety:

- ▶ Be open-minded and flexible in attitudes towards people from cultures other than their own.
- ▶ Be aware of how your own cultural background influences your views and actions.
- ▶ Engage with others in a respectful dialogue where knowledge and respect is shared.

Elements of cultural safety

A goal of cultural safety aims for outcomes that enable safe services to be defined by those who receive the services is met. Before this can happen, cultural differences, which are not only cultural and religious traditions and food can be explored and acknowledged. Emotional, social, economic and political contexts may be relevant. For example, some cultures allow the open expression of emotion more readily than others.



Exploring cultural factors can be empowering, as it legitimises difference and sheds light on aspects of a person's life experiences, including difficulties.

You can read more about cultural safety at this website: www.humanrights.gov.au/publications/chapter-4-cultural-safety-and-security-tools-address-lateral-violence-social-justice

Respect cultural differences

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

Valuing diversity means we avoid stereotypes and prejudices and we don't discriminate against people. To be prejudiced means to think or feel less favourably about someone or a group without any reason. Stereotypes and prejudice often lead to discrimination, which is treating someone less fairly than another person because of their difference.

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

Elements in the communication process

The following factors influence how communication takes place and its effectiveness.

The communication process	
Participants	<p>The sender encodes and sends message.</p> <p>The receiver de-codes or interprets the message.</p>
Message	<p>This refers to the message content, such as facts, feelings, opinions or attitudes.</p>
Environment	<p>This can be physical or social, such as the setting, occasion, relationships or cultural factors.</p>
Participants' characteristics	<p>These characteristics may include age, gender or physical status.</p>
Purpose	<p>Purpose of the communication influences what is communicated and how it is communicated.</p>

Assess readiness for change

When working with a support worker, people who are actively planning ways to recover are likely to identify areas of their life that they wish to change, such as daily habits and exercise patterns. People will feel different levels of motivation, depending on their stage in their recovery journey, their life experiences, current circumstances, personality and other factors. There are a number of tools that can be used to understand a person's motivation. One example is the stages of change model.

This model recognises that people go through a number of stages before they actively begin to implement change, as described here.

Stages of change model

- 1 Pre-contemplation**
 The person is not considering change.
- 2 Contemplation**
 The person is ambivalent. There is an awareness of the need for change but they are not yet ready to invest time, money or energy into the process.
- 3 Preparation**
 The person is trying to make changes and is planning for change
- 4 Action**
 The person is actively taking steps to change

Example

Identify and reflect feelings to come to a shared understanding

Sally is a support worker in a drop-in centre for people with mental health needs. Joe is a man who has a bipolar disorder and attends the centre several times a week. Sally notices when Joe arrives one morning that he is muttering under his breath and that he is frowning and clenching his fists. He paces up and down and finally sits down heavily, bangs his closed fist on the table and knocks some magazines onto the floor.

Sally makes two coffees and sits down next to him to talk about what has been happening recently. She opens the conversation by asking, 'How was your weekend?' Joe tells her that he broke up with his girlfriend and that his football team lost a match. Sally paraphrases by saying, 'So, it wasn't a good weekend, your team lost and Irene has broken up with you'. Sally uses observation of his body language to identify and reflect his feelings: 'I can see that you are feeling angry and upset. It can be hard when things go wrong, can't it? Would you like to talk some more?'



Practice task 7

1. Explain briefly how developing shared understandings contributes to building a relationship within the context of a recovery model.

2. Briefly outline what is meant by cultural safety and give three examples of strategies that can be used to establish a culturally safe environment.

Normalising statements

Normalising statements can be an effective way of assisting a person to communicate their experiences.

What is a normalising statement?

One way to encourage someone to disclose difficult or embarrassing information is to make statements that normalise their situation and reassure them that they are not alone in their experience. Making general statements that take the focus away from the individual for a moment. The following opening phrases can encourage the person to speak honestly:

- ▶ Many people feel ...
- ▶ Some people tell me that ...
- ▶ Often this can be about ...
- ▶ Sometimes I have been told that ...

When is a normalising statement appropriate?

A person who you are supporting may have been through an experience that is very unusual, so the worker struggles to develop a shared understanding of. Many people, too, have difficulty in volunteering information about difficult issues and their story may not seem to make sense.

A caution

When you are using this technique, it is important not to dismiss the seriousness or authenticity of the person's feelings and issues or to imply that their experience is less important because it is common. It can be tricky to strike a balance between helping someone to feel less alone and implying that their experiences are somehow less significant in being shared with many others.

Example

Communicate effectively with the person



Van is a mental health support worker who has worked with Dave, an 18 year old boy who has been diagnosed with schizophrenia. During their initial session, Van learned that Dave, like Van, is a fan of the AFL team Collingwood. Van is able to draw on football metaphors such as training, the team and kicking a goal when they are talking about how the Dave's planned activities are going.

2G Clarify role expectations and define appropriate relationship guidelines

Establishing role expectations and relationship guidelines is an essential foundation to establishing and maintaining a sound working relationship. It is important to do this at the beginning so both parties have all the information they need to develop and share clear expectations and avoid future misunderstandings. This shared understanding may need revisiting at some points in the recovery journey to check if expectations have changed, and to address any aspects of the relationship that may not be working well and discuss how to address and improve these. Having clear 'rules of engagement' is important to avoid situations where a person may be disappointed because they perceive a worker as failing to live up to promises and expectations. As always, good fences (boundaries) make good neighbours (partners in recovery journeys).



Additionally, people with mental illness and health issues may have complex needs that can be rarely addressed by one person or one organisation, and workers need to have a basic understanding of a range of roles that may provide support for people.

Clarify role expectations within organisation

Your position description, induction training workplace policies and procedures and team meetings will provide you with information about role expectations. There are external sources of information as well, such as industry bodies, legislation and networks.

It is difficult to fulfil the requirements of your job role unless you understand what you are required to do and the skills and knowledge needed. You need an overview of the types of jobs in the mental health sector and their job requirements.

A knowledge of job requirements covers:

- ▶ the level of authority
- ▶ required skills, knowledge and qualifications
- ▶ ongoing professional development requirements
- ▶ key tasks to carry out
- ▶ who the person reports to
- ▶ the type of employment; for example, full-time, part-time or casual
- ▶ steps that must be followed when carrying out workplace activities
- ▶ actions that must be taken when things go wrong
- ▶ dress and appearance
- ▶ professional conduct.

Focus on the person

- ▶ It is important to address a person's disability but do not focus solely on it.
- ▶ 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.

Ethics and values

- ▶ Ethics are moral values or principles.
- ▶ The values of an organisation are the various beliefs and attitudes that determine how a worker should behave.

Confidentiality

- ▶ Confidentiality means not giving personal or private information to other people if they have no need or right to know.
- ▶ All individuals are entitled to confidentiality. Be respectful of a person's right to privacy.

Discrimination

Discriminatory practices, by definition, do not respect the rights of people.

Discrimination is when a person is treated less fairly than another person because of some difference. For example, if a workplace plans a social outing or team-building exercise that requires people to play sport, this may discriminate against people who are unfit or are uncomfortable carrying out a sporting activity.

At times, people may discriminate against another person. To discriminate means to either favour someone or treat someone unfairly based on a characteristic such as race, age, sex or religion. This may occur when there is a mix of cultures and people don't understand cultural differences. Discrimination is never acceptable and is against the law. Support workers need to be aware of the legal rights of people they support.

Complex needs encountered

The person who you are establishing a self-directed recovery relationship with may have complex needs that emerge when they share their story, feelings and opinions.

Although it is important to avoid preconceived ideas about what a person may or may not need, it is reasonable to have a working knowledge of the types of complex needs you may encounter in your work.

Physical disabilities

The person may have mobility difficulties and have need for a wheelchair, walking frame or elbow crutches, and may have difficulty moving around in the community.

Cognitive issues

The person may:

- ▶ have difficulty following complex or multi-stage instructions
- ▶ not retain information
- ▶ understand only part of the information they are given
- ▶ exhibit poor judgment of risks or social situations.

Indigenous Australians

Aboriginal and/or Torres Strait Islander peoples may have specific needs related to their cultural heritage, language, background and current living and social situation.

Age

Young people are likely to have less developed patterns of thought, movement, language, judgment and ability to make decisions than an adult. Mature-aged individuals may have deteriorating health, physical abilities, memory, mobility and confidence in their own skills, as well as increasing frailty and dependence upon others for support

Cultural

The person may have needs related to their cultural heritage – language, background and current living and social situation; requirements for modest dress, specific food and avoiding contact with people of the opposite gender are also common.

Sensory disability

The person may have difficulty communicating with others, moving around safely in an unfamiliar environment and an increased dependence on others with specialist communication, orientation and mobility skills for support.

Mandatory reporting

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



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

Common ethical principles that guide programs and services

The principles outlined here are commonly found across many of the codes of practice and codes of ethics that may be relevant to your work.

Common principles and values

- ▶ Valuing individuals as human beings
- ▶ Equity and fairness
- ▶ Due process
- ▶ Transparency
- ▶ Respect for human dignity
- ▶ Social justice
- ▶ Support of rights
- ▶ Acknowledgement of diversity
- ▶ Working within the law

Sustained recovery

Services are delivered with the aim of facilitating sustained recovery.

Role of carers

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

Standards for mental health

The following table sets out the 10 standards (the NSMHS) with which mental health services should comply. You can also read more about these standards at www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-servst10.

Number button head

Rights and responsibilities

1

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

2

Safety

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

3

Individual and carer participation

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

4

Diversity responsiveness

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

5

Promotion and prevention

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

6

Individuals

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

7

Carers

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

8

Governance, leadership and management

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

Maintain confidentiality and privacy of the person

Maintaining confidentiality and privacy of the person is vital to developing 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. Privacy refers to a person's ability to control access to themselves, their space and their possessions, including information about themselves. Privacy also means taking steps to avoid embarrassment and humiliation. This is especially true in the case of someone with a mental health illness – without these practices in place, your relationships with the people you support will be negatively affected.



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

Privacy and confidentiality policies and procedures

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

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

The following outlines procedures for privacy and confidentiality of health information.

Procedures for privacy and confidentiality of health information

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

4D Work with the person to determine their readiness and desire to self-advocate

To advocate means to speak for or represent someone. Self-advocacy is speaking for and representing oneself, and one's needs, goals and interests. In self-directed and recovery-oriented models, this is a fundamental goal. In addition, part of the focus in the journey is to develop skills and abilities required to becoming an effective self-advocate. As with all aspects of this model, becoming a self-advocate must be directed by the person. It must wait for the person to be willing and ready to begin to achieve self-advocacy. Self-advocacy allows the person to participate more fully in the service by expressing their needs, goals, and choices assertively and clearly.



Historical and current models of understanding

Self-advocacy as a social movement in an Australian community services context began in the disability sector in the mid-1980s following landmark legislation, the *Disability Services Act 1984* (Cth), which was overtly intended to improve the status of people with disabilities and to redress some of the negative impacts of past treatment. The influence of the underpinning concepts of social role valorisation was a factor in the development of this legislation. One of the principles supported by this Act was that of choice and self-determination; as this notion became more widely accepted within the sector, efforts were made to support groups of people with disabilities to advocate for their own needs, rights and interests. This social movement spread to the mental health sector and similar concepts, principles and approaches were adopted.

Factors supporting self-advocacy

Here is a summary of the skills, abilities and conditions required for effective self-advocacy that strengthen a person's ability to speak on their own behalf.

Requirements for self-advocacy

- ▶ Effective communication skills, including active listening and assertive communication
- ▶ Trusting relationships with workers and other significant people
- ▶ Self-confidence and belief in one's own abilities and capabilities
- ▶ Experiencing positive outcomes
- ▶ Underpinning values and beliefs that support rights and notions of autonomy and believing that one actually has rights
- ▶ Peer support and group action to reinforce confidence and share skills
- ▶ Positive images and perceptions

Example

Consent to enable participation in a service

Community service organisations use consent forms based on the requirements of standards, regulations and legislation. Here is an example of a consent form for disclosing information.

Kirkdale Wellness Centre**Consent to disclose information**

Declaration	I, Jacqueline Foster, of 27 Vasey Court, Wynvale SA, 5098 consent to Kirkdale Wellness Centre disclosing information pertaining to me to Outer South Respite Service for the purpose of referral/application for respite funding.
Specific details of information (if required)	Medications, treatment history, specialist referrals
Nature of disability	Bipolar disorder
Personal care needs/supports and equipment required	Individual therapy, possibly person consultant, group activities
Contact details	27 Vasey Court, Wynvale SA, 5098 0404 040 404
Current home situation	Living alone
Financial details (including current disability packages/funding)	Self-funded
Limitations (if required)	n/a
Person's name	Jacqueline Foster
Person's signature	<i>Jacqueline Foster</i>
Witness	Kaye Green
Witness signature	<i>Kaye Green</i>
Date signed	20 November 2017

Rights and responsibilities of workers, employers and individuals

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



Understand rights

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

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

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

People receiving health services have the right to:

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

Clarify accountability requirements

Being accountable means being answerable to someone – accountability means that someone can check up to see if you are doing what you are supposed to be doing and doing it in the right way. In community services, organisations are accountable to their funding bodies, to the government to the industry sector, to a profession, to people who receive services, and to the community.

Accountability requirements are outlined in legislation that governs service provision and in other relevant legislation in areas such as anti-discrimination and financial management, and can be specified in funding agreements. Having written, clearly-documented agreements and accountability requirements makes it easier to check and remain accountable.

In the context of the relationship between worker and person receiving services, accountability refers to the agreement between the worker and the person. It is also important to document this clearly so both of you are able to check for accountability. Legislative and ethical requirements should be covered as well as work roles and boundaries, and the specifics of the agreement about goals, strategies and outcomes.



Records management

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

Information must be documented so that:

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

Verbal reports

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

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



File documents according to organisational procedures

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

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

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

Example

Basic file notes

The following is an example of basic file notes.

30/10/2017

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

6/11/2017

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

Ming has an appointment with Dr Flynn tomorrow.

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

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

