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1A Recognise signs that indicate a person may have co-existing mental health and AOD issues

Individuals can access service provision with a mental health or alcohol and other drugs (AOD) presenting issue. During initial assessment or service provision, you may discover signs that the person has co-existing issues. You need to be able to recognise when the issues you are identifying are linked to both mental health and AOD issues. You will also need to understand that you may need to respond to a person with a dual diagnosis differently to a person who has less complex needs and issues. You may identify these co-existing issues using standard screening tools, or by using your knowledge of drug interactions and use.



Recognise and respond to a person who may have co-existing mental health and AOD issues

It is important that workers providing services for individuals who present with mental health or AOD issues are aware of the high probability of co-existing issues. At times an individual's co-existing mental health and AOD issues will go unidentified as workers are not looking for the second issue. Sometimes the symptoms of mental health conditions and AOD problems are similar so you will need to take the time to identify the issues. In some situations the person's drug use could have caused their mental health issue or could be making symptoms worse. In other situations the person may be using drugs to self-medicate or to temporarily lessen their mental health symptoms. It is important for you to acknowledge the prevalence of dual diagnosis and to ask individuals about their AOD use and the mental health. Keeping in mind that the signs of dual diagnosis will be different depending on the person's mental health issue and what substance they use, here are some common signs you may observe.

Signs that indicate a person may have a dual diagnosis

- ▶ Agitation or aggression
- ▶ An inability to maintain employment
- ▶ An inability to maintain functional relationships – may be alienated and lack support from family and friends
- ▶ Legal problems
- ▶ Financial issues
- ▶ Extreme mood swings or an inability to control their emotions
- ▶ Suicidal feelings or thoughts
- ▶ Won't cooperate with their health care providers
- ▶ May be experiencing homeless or moving frequently from one place of residence to another
- ▶ May be hospitalised fairly often

Here are some specific risks of mental health medications and other substances.

Stimulants and antidepressants

- ▶ If a person taking prescribed antidepressants also takes a stimulant like amphetamines or cocaine they can be at risk of high blood pressure, headaches, cerebral haemorrhage, and increased heart rate.

Cannabis and antipsychotics

- ▶ Marijuana use can decrease the effectiveness of antipsychotic medication and can put the person at risk of returning psychotic symptoms. It can also lead to low blood pressure and disorientation.

Tobacco and antipsychotics

- ▶ Smoking can decrease the blood concentration of some antipsychotics requiring a higher dosage. If the person reduces their smoking, the blood concentration will increase leading to side-effects and toxicity. Medication levels should be closely monitored in smokers.

Tobacco and benzodiazepines

- ▶ Smoking can stimulate liver enzymes that metabolize some benzodiazepines causing the medication to clear the system more quickly. The person may require higher doses.

Caffeine and lithium

- ▶ Caffeine is a diuretic so it can affect the person's body water balance and their lithium levels. It is important for caffeine intake to be kept stable.

Role and use of standard screening tools

You should work from the premise that in order to provide the person with effective services, it is necessary to recognise that a co-existing disorder exists. If you and your organisation routinely use screening tools with people who present with either mental health or AOD issues it is likely to improve detection of co-existing issues and increase the likelihood of appropriate intervention and better outcomes. A screening tool provides a brief method to determine if an issue is present. If there is a positive screen, you will need to do a more detailed assessment which will assist you to develop an appropriate service plan. Here are some standard screening tools that can be used for co-existing issues.

PsyCheck

PsyCheck screens for the likely presence of mental health symptoms for people presenting with AOD issues. Primarily screens for anxiety and depression but also provides some indication of suicide risk and history of psychotic illness.

Available at: www.psychek.org.au/

Services and support strategies beyond AOD and mental health

Individuals with mental health and AOD dual diagnosis are likely to also be experiencing a range of other issues. These issues may be around relationships, health, legal concerns, homelessness, employment or study. You will need to work with the person to identify any areas of concern and to find services and supports that will meet their identified needs. You will need to ensure that any services provided by you, your organisation or referral organisations are non-judgemental and person-centred.

Services and support strategies that may be suitable for people with co-existing issues are outlined below.

Services and support strategies

- ▶ Legal aid or community legal services
- ▶ Family/relationship counselling programs
- ▶ Mental health/AOD friendly health services, dental services
- ▶ Supported housing services
- ▶ Homelessness services
- ▶ Specialist employment services
- ▶ Education/training support services

Example

Identify service provision or interventions for a person with a dual diagnosis



Sarah has been diagnosed with bipolar disorder. Sarah tells her support worker Brooke that when she has trouble sleeping during manic phases, she will sometimes use heroin to help her relax and sleep. Unfortunately, Sarah was recently arrested for possession and has charges pending. Brooke finds out that Sarah has not been to see her psychiatrist in six months. Brooke identifies that she can support Sarah to find ways to manage her mental health issues but suggests that Sarah makes an appointment with her psychiatrist to explore medication options. Brooke also links Sarah to a community legal service so she can get legal advice before her court case.



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Action

The person will now be experiencing more negative consequences than positives from their behaviour and are ready to start taking some small steps towards changing. They may be actively taking steps to change their behaviour; however, they may also still feel ambivalent about changing and may try several different strategies.

Maintenance

At this stage the person has found ways to cope without the problem behaviour. They are able to anticipate and handle any temptation to return to the behaviour.

Solution-focused approaches to change

The solution-focused approach sees the worker providing the person with strategies to identify their goals, identify priorities and develop manageable objectives and tasks. Solution-focused strategies are future-focused and focus on solutions, rather than on the problems that brought the person to the service. This approach assumes that people have knowledge of what they need and how they can improve their lives, even though they may need support from you to articulate this. It also assumes that each person already possesses some of the skills necessary to create solutions for themselves. Here are some of the tools you can use in this approach.

Tools for a solution-focused approach to change

Looking for previous solutions

1

Most people have previously solved many problems and will have some ideas of how to solve the current issues. Assist the person by asking: 'Are there times when this has been less of a problem?' or 'What did you (or others) do that was helpful?'

Looking for exemptions

2

Most individuals have recent examples of exceptions to their issues. These are times when they could have behaved in a certain way but did not for example. You can assist the person to identify exceptions by asking: 'What is different about the times when you did not do ... (or when you acted differently)?'

Present and future-focused questions

3

This reflects the basic belief that behaviour can be changed by focusing on what is already working, and how a person would like their life to be, rather than focusing on the past. Ask: 'What will you be doing in the next week that would indicate to you that you are continuing to make progress?'

Compliments

4

Validate what the person is already doing well, and acknowledge how difficult change is.

Miracle question

5

This helps the person to describe small, realistic, and doable steps they can take as soon as the next day. Ask: 'If you went to sleep tonight and a miracle happened and your issues were gone, what small sign would there be the next morning that would let you know that things had changed?'

Cannabis (marijuana)	<p>Cannabis is usually smoked or eaten.</p> <p>The following effects may be experienced:</p> <ul style="list-style-type: none">▶ Feeling relaxed and sleepy▶ Spontaneous laughter and excitement▶ Increased appetite▶ Dry mouth▶ Quiet and reflective mood <p>If a large amount or a strong batch is taken, the following may also be experienced:</p> <ul style="list-style-type: none">▶ Trouble concentrating▶ Blurred vision▶ Clumsiness▶ Slower reflexes▶ Bloodshot eyes▶ Seeing and hearing things that aren't there▶ Increased heart rate▶ Low blood pressure▶ Mild anxiety and paranoia
Opiates (heroin)	<p>Heroin is usually injected into a vein but can also be added to cigarettes and cannabis to be smoked.</p> <p>The following effects may be experienced:</p> <ul style="list-style-type: none">▶ Intense pleasure and pain relief▶ Relaxation, drowsiness and clumsiness▶ Confusion▶ Slurred and slow speech▶ Slow breathing and heart beat▶ Dry mouth▶ Tiny pupils▶ Reduced appetite and vomiting▶ Decreased sex drive <p>Overdose can occur. Symptoms can include trouble concentrating, falling asleep, wanting to urinate but finding it hard to, itchiness, irregular heartbeat, cold, clammy skin, slow breathing, blue lips and finger tips, passing out, and death.</p>

Alcohol	<p>The following effects may be experienced:</p> <ul style="list-style-type: none">▶ Feeling relaxed▶ Trouble concentrating▶ Slower reflexes▶ Increased confidence▶ Feeling happier or sadder, depending on your mood <p>If a lot of alcohol is consumed the following may also be experienced:</p> <ul style="list-style-type: none">▶ Confusion▶ Blurred vision▶ Clumsiness▶ Memory loss▶ Nausea, vomiting▶ Passing out▶ Coma▶ Death
Caffeine (tea, coffee, chocolate and energy drinks)	<p>The following effects may be experienced :</p> <ul style="list-style-type: none">▶ Feeling more alert and active▶ Restlessness, excitability and dizziness▶ Anxiety and irritability▶ Dehydration and needing to urinate more often▶ Higher body temperature▶ Faster breathing and heart rate▶ Headache and lack of concentration▶ Stomach pains <p>Overdose is possible. Symptoms may include:</p> <ul style="list-style-type: none">▶ tremors▶ nausea and vomiting▶ very fast and irregular heart rate▶ confusion and panic attack▶ seizures.

2A Build an effective working relationship with the person

A vital component of supporting individuals with dual diagnosis to make progress towards their goals is to develop quality professional relationships. Effective working relationships assist you to engage successfully with the person and to support good outcomes for them. Positive relationships are built on respect and authenticity. You will require good communication skills, and the ability to be culturally responsive to individuals. Keep in mind that effective working relationships rely on safe and professional boundaries being maintained.



Demonstrate respect

The National Practice Standards for the Mental Health Workforce (2013) suggest that 'all people have the right to be heard and treated with dignity and respect, have their privacy protected, and have their documentation treated in a confidential manner. Mental health practitioners respect the person, their family and carers, their experience, their values, beliefs and culture. They also respect diversity among people, families, carers, colleagues and communities, in areas including class, gender, culture, religion, spirituality, disability, age, power, status and sexual orientation'.

To demonstrate respect, you need to be:

- ▶ compassionate, caring and empathic
- ▶ ethical, professional and responsible
- ▶ positive, encouraging and hopeful
- ▶ open-minded
- ▶ self-aware
- ▶ culturally aware
- ▶ collaborative.

Skills to develop effective relationships

Respect starts by being genuinely interested in the person and their situation. Having a non-judgemental attitude is useful when supporting individuals with co-existing mental health and AOD issues. Here is more about developing effective relationships.

How to develop effective relationships

- ▶ Listen respectfully to the person
- ▶ Establish a supportive environment
- ▶ Value the person's lived experience, beliefs and feelings
- ▶ Demonstrate respect for the person's culture, age and gender, and understand of the impact this may have on the relationship
- ▶ Work in partnership with the person towards goals and outcomes
- ▶ Encourage participation in decision-making
- ▶ Use respectful language
- ▶ Invite feedback from the person

Harm reduction

Harm reduction reduces drug-related harm in the community and for the individual. This is an area you can focus on with individuals to reduce the impact of their drug use on their wellbeing.

Abstinence

Abstinence means that a person decides to not use a drug, or to stop taking the drug completely. Usually the person's plan is to never use the drug again. This is the safest option for many people with co-existing issues as it reduces the harms related to drug use. There are situations where a person may want to consider abstinence as the best option for them. This may be where there is health or mental health issues that are impacted negatively by the use of alcohol or other drugs. For example when the drug is interacting negatively with their prescribed mental health medication or when they have experienced liver damage.



Power relations and dynamics

You need to be aware that workers are in a position of power in relation to people receiving services. As a worker you have the ability to influence, you may have more information, and potentially have not been labelled or stigmatised. The person may have struggled to have their voice heard by workers in the past. Power in relationships is complex and things like gender, education, ethnicity and age can impact on the power dynamics of a working relationship. Power imbalances can leave the person feeling disempowered and not in control of their own life. It can impact on the trust in the working relationship. Your role as a worker is to recognise the power dynamics and to work to mitigate the imbalance through the use of appropriate language and by actively empowering the person. Here is more information about empowerment and use of language.

Empowerment

Empowerment is the process of increasing the capacity of a person to make choices and to take action. towards outcomes.

Language

Avoid using jargon that may remind the person they are unequal in the working relationship. Be aware of the labels placed on people with mental health or AOD issues and the associated stigma. Keep in mind the impact these labels can have on the person.

Access, equity, social justice and rights-based practice

Everyone, regardless of their mental health or AOD status, has the right to access, equity and social justice. Mental health and alcohol and other drugs organisations work to uphold the rights of people who receive services from them. You will need to support the person's rights in your interactions with them, and with other service providers and the community. Here is an explanation of these rights.

Identify risk

- ▶ Identify high-risk situations (that include factors both internal and external to the person). This could include certain people or environments or situations.

Coping strategies

- ▶ You need to support the person to develop coping strategies and skills to avoid high-risk situations, and deal with them when they are unavoidable. This could include prearranging support from significant people such as friends and family members. It may also be about helping the person to participate in new, healthy behaviours to combat a possible lapse.

Environment

- ▶ Support the person to recognise and implement changes to the person's environment and lifestyle to minimise the frequency of high-risk situations and to strengthen their commitment to change

Positive self-talk

- ▶ Support the person to develop a phrase or two to repeat to themselves when tempted to return to previous behaviour.

Problem-solving skills

- ▶ Support the person to learn and practice problem-solving skills to use in challenging situations.

Example

Discuss service options and approaches with the person

William has been diagnosed with schizophrenia and is a heavy smoker. Recently, William has been coughing up blood and is concerned about his health. He does think that tobacco helps manage some of the side-effects of his anti-psychotic medication and is worried about stopping. Mia talks to William about how well he's been doing with his recovery journey. They identify that William has stopped smoking before and continued to manage his mental health issues. Mia discusses harm reduction strategies with William, including cutting down on his daily intake of cigarettes. She also discusses the benefits of quitting smoking completely.



Practice task 11

1. What are three things you may need to consider when providing resources for a person?

2. What are two benefits of working collaboratively with a person to implement strategies?

Click to complete Practice task 11

Summary

1. An effective working relationship with the person being provided services will assist successful engagement of the person and achieve outcomes.
2. Existing services and supports need to be identified to avoid duplication of services, to ensure that the supports and services are meeting the needs of the person. By doing this, more information can be accessed to assess the impact of mental health and AOD issues on the person.
3. Inclusion of the person to determine service options and approaches is an important way to empower the individual and ensure that the person takes responsibility and accountability for following the intervention plan.
4. Individuals need to have relevant and up-to-date information to enable them to make an informed decision regarding the type of approach that will meet their needs. This involves good communication skills by the AOD support worker and research to provide the person with the details, such as cost, location and what the service offers in order for them to decide.
5. Develop a plan with the person that reflects their choices. Implement appropriate strategies, services and resources. This will involve setting goals. Goals may be broken down into smaller steps to assist the person to achieve the desired outcomes.

4A Identify potential risks to the safety of a person, workers and others

When working with a person with co-existing mental health and AOD issues, it is important to work collaboratively with the person to identify potential risks to the safety of everyone involved. This includes the risk of harm associated with using alcohol and other drugs. You will need to consider your legal and ethical responsibilities when working with dual diagnosis in terms of workers, individuals receiving services and the organisation.



People working in community services have to balance two very important rights: individual's right to autonomy and independence, and their right to a safe environment. To ensure a person's rights are met, workers have a duty of care to identify, assess and take steps to minimise or remove risks; however, they do not have a right to prevent individuals from participating in activities. Risks can relate to the person's environment and the person's health, impairment and behaviour.

Identify potential risks to safety

It is important to work collaboratively with the person to proactively identify risks to safety so that you can put strategies in place to manage or minimise the harm. A person you work with may be at risk because of their mental health concerns, their drug use, an associated medical condition, impairment or their behaviour. You have a duty of care to identify risks specific to a person's circumstances and to take steps to minimise these risks. Risk management should be incorporated into the person's individual plan.

Issues that may lead to a person being at risk include:

- ▶ weight loss or gain
- ▶ infection
- ▶ evidence of self-neglect or self-harm
- ▶ skin integrity
- ▶ behaviours of concern
- ▶ impaired judgment and problem-solving abilities
- ▶ impaired cognitive function
- ▶ evidence of abuse
- ▶ social rights infringements
- ▶ legal concerns.

of minimising harm, however the person may not be willing or motivated to quit completely. In this situation harm minimisation looks at practical measures to reduce consequences of use. Below are some specific examples of harms and strategies to reduce harm.

Harm	Harm minimisation strategies
Suffocation	<ul style="list-style-type: none"> ▶ Use paper bags or small bottles that cannot cover nose and mouth ▶ Do not inhale directly into mouth
Choking on vomit	<ul style="list-style-type: none"> ▶ Teach other people the recovery position ▶ Never use alone
Respiratory depression	<ul style="list-style-type: none"> ▶ Never use alone ▶ Use smaller amounts
Accidents	<ul style="list-style-type: none"> ▶ Use in safe environments away from water, stairs, fires
HIV/Hepatitis C from needle use	<ul style="list-style-type: none"> ▶ Do not share needles ▶ Access clean, new needles at needle exchange or pharmacy ▶ Get tested regularly
Severe dehydration while using ecstasy	<ul style="list-style-type: none"> ▶ Drink 600ml of water per hour to stay hydrated
Overdose while using heroin	<ul style="list-style-type: none"> ▶ Participate in peer naltrexone program ▶ Do not use alone ▶ Participate in first aid programs

Example

Identify triggers, strategies and contingency options to prevent or manage risks

Toby has a diagnosed mental illness which is managed well. However, in the past he has self-medicated with alcohol or cannabis when things have been stressful. Sarah works with Toby to recognise what situations are stressful for him, such as fighting with his partner and university exams. They identify strategies that Toby can use in these situations including using meditation to relax before an exam and taking a walk when things are tense in his relationship.



Body language

- ▶ Encourage the person to sit, then sit with them
- ▶ Allow extra physical space between you and the person – respect the person's personal space
- ▶ Do not maintain constant eye contact
- ▶ Avoid smiling as it could be construed as mockery
- ▶ Do not touch the person
- ▶ Keep your hand visible and unclenched

Alternative behaviours

- ▶ Suggest alternatives like having a coffee or water
- ▶ Suggest meeting at a later time or another day
- ▶ Suggest a time out like a walk

Conflict resolution

A conflict is a situation when the interests, needs, goals or values of two or more people are different. It is not unusual for a person with co-existing mental health and AOD issues to develop conflicts with family, friends, work colleagues and workers. Resolving conflict effectively can have the benefit of people understanding each other's perspectives and situations better. It may also support the person to understand themselves better. Here are some conflict resolution strategies.

Win/win approach

A co-operative approach to conflict rather than an adversarial approach where there is a winner and a loser. The win/win approach is based on:

- ▶ addressing each person's underlying needs then building solutions that acknowledge and value those needs
- ▶ recognises individual differences and encourages an openness to changing one's position in the light of shared information and attitudes
- ▶ focusing on the problem not the individual

Creative response

The creative response to conflict is about turning problems into possibilities. It encourages people to:

- ▶ consciously choose to see what action can be taken rather than focusing on the negatives
- ▶ choose to make the best of a situation
- ▶ focus on learning rather than perfection.

Empathy

Develop skills to demonstrate understanding of feelings and experiences. Active listening is a useful tool to reduce emotional intensity. Once the emotional level of the conflict has been reduced, reasoning abilities can function more effectively.

4D Identify emergency situations and seek immediate assistance

A person with co-existing mental health and AOD issues can face risks that are an immediate threat to their health or life. You need to be able to identify emergency situations and respond to these situations appropriately. There may also be situations where the person's behaviour escalates to an extent that puts themselves or others at serious risk. Again, you will need to be able to respond appropriately and gain assistance for the person, yourself or others.



Identify emergency situations and seek assistance

Emergency situations can occur from time to time when someone has a dual diagnosis. The emergency can be related to the person's mental health or to the alcohol or other drug use. It is vital that you respond to emergency situations by seeking appropriate assistance. This could be assistance within your organisation, such as a supervisor or manager or specialist worker. It could mean calling an ambulance, a psychiatric emergency service or the police. Here are some examples of emergency situations.

Emergency situations

- ▶ The person is intoxicated creating an emergency situation (this could include becoming aggressive or having an accident)
- ▶ The person shows signs of self-harm or suicidal tendencies
- ▶ The person shows signs of over-dosing or passes out
- ▶ The person shows symptoms of psychosis or is having another psychiatric emergency and is behaving in risky ways
- ▶ The person is threatening to harm another person or is behaving in a way that puts dependent children at risk
- ▶ The person is showing life-threatening withdrawal symptoms

Alcohol legislation

Alcohol laws regulate the sale and consumption of alcoholic beverages. This includes age restrictions, alcohol blood levels when driving, public drinking or dry zones and serving of alcohol.

Other drugs legislation

Legislation relating to other drugs:

- ▶ provides regulation of prescribed medication
- ▶ legislates what substances are restricted or illegal
- ▶ outlines consequences for possession, cultivation and sale of illegal substances

Policy requirements and frameworks

Your organisation will have a policy framework which provides you with guidance on how to provide services for individuals. The organisation's policies and procedures will be based on relevant legislation and practice standards. You are required, as a worker, to follow the policy requirements of the organisation. This ensures that the services you provide are in-line with legislative and practice standards requirements. For example, it will guide you on your duty of care to individuals, your responsibility to provide services free of discrimination, or your right to have a smoke-free workplace.

Codes of practice

Community services workers and organisations have legal and ethical requirements when working with people. Legal requirements are set out in legislation and organisations will have policies that inform workers how to implement the legislation. Ethical requirements are often not legislated but may be part of a code of practice, service standards or organisational policy. Working ethically requires you to protect the rights of the people you work with, to treat people with respect and dignity and to work within the standards of the sector.



You can read an example of a code of practice and a code of ethics at the following sites:

- ▶ www.mentalhealth.wa.gov.au/Libraries/pdf_docs/code_of_conduct_V6web_1.sflb.ashx
- ▶ www.acwa.org.au/about/code-of-ethics

Dignity of risk

Community services work recognises the right of a person to try new things, to take risks and to fail. Dignity of risk respects the person's autonomy and right to make decisions affecting their health and well-being. This may be decisions about what treatment to accept, dietary decisions, decisions regarding what exercise activity to participate in, and what environment the person wants to live in. Your role is to put in place, as much as possible, risk management strategies so that the person can make decisions independently.

Privacy, confidentiality and disclosure

When discussing a person's situation, always be aware of maintaining their privacy. Workers have an obligation to protect confidential details. Workers always need the person's consent to talk about their situation to other workers or to other service providers.

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information but this is generally only when a worker becomes aware that the person is being harmed, or at risk of harming themselves or someone else.



You can read more about privacy, confidentiality and disclosure at the following sites:

- ▶ www.aacqa.gov.au/for-the-public/privacy-and-confidentiality
- ▶ www.lawhandbook.org.au

Informed consent

Informed consent means participating in the process of getting permission before providing services or sharing a person's information or details with another worker, service provider or significant other. The person must understand what they are consenting to and must have all the information they need to make a decision. The information must be accurate and current.

Mandatory reporting requirements

In some circumstances workers are required, by law, to report abuse, neglect or violence. Each state and territory has their own legislation regarding mandatory reporting. The main differences are regarding who must report and what types of abuse or neglect must be reported. It is your responsibility to be aware of your mandatory reporting obligations and to follow both legislative obligations and the policies of your organisation. You must be alert to and aware of your reporting obligations in relation to:

- ▶ elder abuse
- ▶ abuse of people with disabilities
- ▶ domestic violence
- ▶ child abuse or neglect
- ▶ suspected abuse or neglect of any person.



Topic 5

In this topic you will learn how to:

- 5A Record services provided, decisions made and follow-up actions**
- 5B Communicate information to stakeholders with the person's consent**
- 5C Reflect on own role and use learning to enhance future practice**
- 5D Seek advice, supervision and debriefing from your workplace supervisor**

Review and report on support provided

Documenting service provision is useful to support good service delivery and to ensure that decisions are followed through. It also allows you to communicate information effectively with other stakeholders where appropriate.

An important work practice is taking opportunities to reflect on your role in service delivery and to develop your skills and knowledge as a worker. Alongside this, you should seek out opportunities to debrief with your supervisor after incidents or challenging events. You should also seek advice from a supervisor or more experienced staff member as well as participate actively in supervision.

Objective: Alex rose quickly, slammed the door and raised his voice.

Subjective: Alex acted aggressively.

Objective: When Tam was asked about her relationship with her parents, she avoided the question.

Subjective: Tam didn't want to answer when I asked about her parents.

Objective: Mark uses heroin regularly.

Subjective: Mark is a drug addict.

Objective: Mr Thompson requires full physical assistance with meal preparation.

Subjective: Mr Thompson is unable to cook for himself at home.

Records management

Well-maintained records management supports the delivery of quality person-centred services. It is a requirement under privacy legislation that records are kept securely whether they are electronic or hard copies, in locked cabinets or password protected records.

Good records management requires:

- ▶ being kept up to date
- ▶ appropriate policies and procedures that are followed by workers
- ▶ organised files to ensure that information is easy to access
- ▶ records to be securely stored when not in use
- ▶ audits to ensure files are complete and accurate.

Follow-up actions

It is important that you work in collaboration with the person to follow-up on any decisions that are made or any actions taken. This is to ensure that you are meeting the needs of the person and supporting them to meet their identified goals. It will also encourage the person to remain motivated to continue with any strategies or actions chosen. It is also an opportunity to ensure that other stakeholders like service providers or family members are taking the actions they agreed to.

Example

Record services provided, decisions made and follow-up actions

Laura has met with Richard earlier in the day. She sets aside time to record the decisions that were made during their meeting the same day so she will remember the discussion accurately. When the notes are complete, Laura places them in Richard's case file and returns the file to a locked filing cabinet.



5C Reflect on own role and use learning to enhance future practice

One of the most powerful ways to ensure that you are providing best practice services to people is to reflect on your role in providing individuals with services. Not only is this an excellent way to evaluate your service provision, it also provides you with an opportunity to learn from mistakes and enhance your strengths. You can reflect on your own, with peers or in professional supervision. You may find it useful to use a combination of the above options depending on your organisation and the situation. Self-reflection, however, is vital to improving practice.



Reflective practice

Reflective practice is a term used to describe thinking and evaluating your work experiences to improve the way you work. This acknowledges the importance of continually learning and improving throughout your career. Here are some requirements of reflective practice.

Reflective practice requires:

- ▶ you to be honest with yourself (and your supervisor)
- ▶ commitment to take the time to reflect
- ▶ motivation to improve your work practice
- ▶ practice – you get better at it when you do it regularly.

Reflect on your service provision

Reflecting on your service provision can increase your confidence as a worker and ensure that you are proactive in building on strengths and increasing skills and knowledge. It also ensures better outcomes for the people you work with.

Here are some components of reflective practice.

Reflective practice involves:

- ▶ exploring an experience to identify what happened and why it happened
- ▶ identifying your role in the experience including your behaviour, your emotions and your thoughts
- ▶ identifying the context for the experience and what impact that had
- ▶ considering whether it was a positive or negative experience
- ▶ considering what you could have done differently.