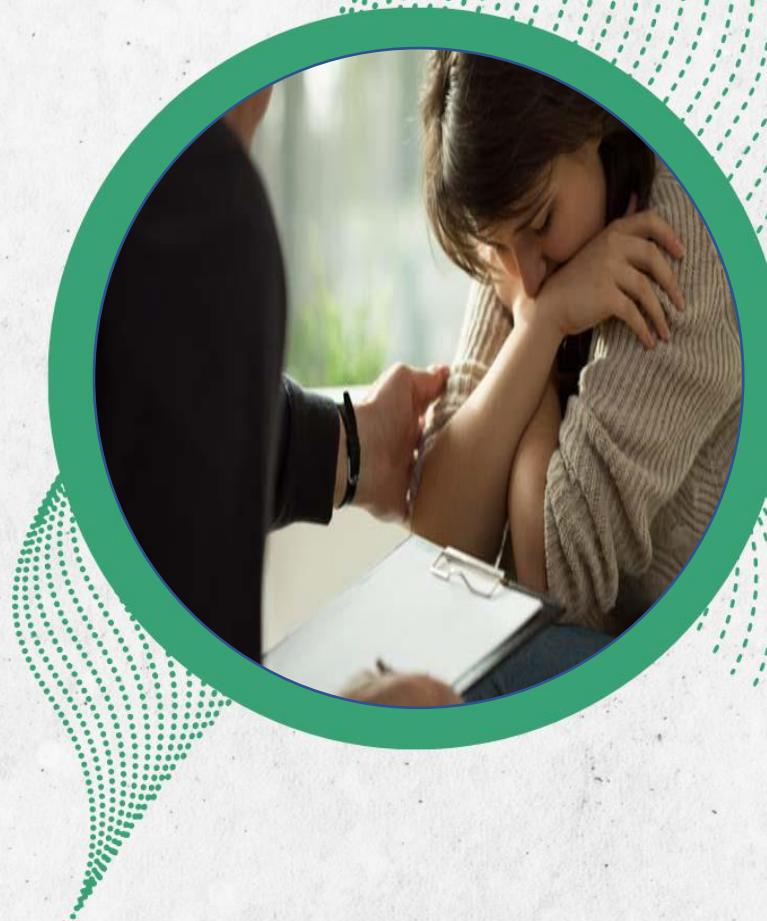




CHCMHS001

**Work with people with
mental health issues**

**LEARNER
GUIDE**



This document was developed by Harvard Management Institute Pty Ltd.

© 2023 Harvard Management Institute Pty Ltd.

All rights reserved.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior written permission of Harvard Management Institute Pty Ltd.

Version Control & Document History

Date	Summary of Modifications	Version
22 February 2023	Version 1.0 released for publishing	1.0
14 April 2023	Version 1.1 endorsed for use Minor revisions for improved readability	1.1
27 June 2023	Version 1.2 endorsed for use Fixed broken links	1.2
5 March 2024	Version 1.3 endorsed for use	1.3

Table of Contents

This Learner Guide.....	5
Introduction	13
I. Establish Respectful Relationships With People With Mental Health Issues	17
1.1 Communicate in a Respectful and Empowering Manner	21
1.1.1 Communication Techniques When Dealing With People With Mental Health Issues.....	28
1.2 Prioritise Individual Autonomy in Recover Work	33
1.2.1 Changing Approaches to Working With People With Mental Health Issues	36
1.3 Respect the Person's Social, Cultural and Spiritual Differences	50
1.3.1 Recognising and Respecting the Person's Social, Cultural and Spiritual Differences	50
1.3.2 Key Issues Facing People With Mental Health Illness.....	55
1.4 Support the Person to Understand and Exercise Their Rights	64
1.4.1 Human Rights	65
1.4.2 Discrimination	70
1.4.3 Mental Health Acts.....	73
1.4.4 Policy Frameworks	75
1.4.5 Support the Person to Understand and Exercise Their Rights	77
1.5 Maintain Confidentiality and Privacy of the Person.....	79
1.5.1 Privacy, Confidentiality and Disclosure	80
1.5.2 Informed Consent.....	84
II. Determine the Needs of People With Mental Health Issues.....	87
2.1 Interpret Information About the Person's Needs	94
2.2 Determine Services and Strategies That Support Empowerment and Recovery	101
2.2.1 Services That Support Empowerment and Recovery	119
2.2.2 Strategies That Support Empowerment and Recovery	124
2.2.3 Discuss the Services and Strategies for People With Mental Health Issues	133

2.3 Support the Person to Express Their Identity and Preferences	136
2.3.1 Support the Person to Express Their Own Identity and Preferences.....	136
2.3.2 Avoid Imposing Own Values and Attitudes on the Person.....	138
2.4 Work With the Person to Identify Duty of Care and Dignity of Risk Considerations	141
III. Work With People With Mental Health Issues to Meet Aspirations and Needs	148
3.1 Collaborate With the Person and Their Care Network to Achieve Their Goals	149
3.2 Uphold the Person's Rights	156
3.3 Adjust Service Delivery to Meet the Person's Needs and Requirements	159
3.3.1 Adapting Service Delivery to Meet the Person's Specific Needs and Requirements	159
3.3.2 Organisational Policies and Procedures in Service Delivery.....	164
3.4 Document the Person's Interactions and Services Provided	167
3.4.1 Organisational Policies and Procedures in Reporting and Documentation.....	172
3.4.2 Records Management	174
3.5 Provide Immediate and Supportive Response to People in Distress or Crisis	179
3.5.1 Work Health and Safety	183
3.5.2 Mandatory Reporting.....	188
3.6 Work Within Scope of Practice and Make Referrals as Required	190
3.6.1 Rights and Responsibilities of Workers and Employers	193
3.6.2 Make Referrals to Other Services as Indicated by the Person's Needs	195
References	200

This Learner Guide

CHCMHS001 - Work with people with mental health issues (Release 1)

This unit describes the skills and knowledge required to establish relationships, clarify needs, and then work collaboratively with people who are living with mental health issues.

This unit applies to support workers in contexts outside the mental health sector, but who come into contact with people with mental health issues. The services and support provided are not mental health specific.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice

A complete copy of the above unit of competency can be downloaded from the TGA website:

<https://training.gov.au/Training/Details/CHCMHS001>

About This Unit of Competency Introduction

As a worker, a trainee, or a future worker, you want to enjoy your work and become known as a valuable team member. This unit of competency will help you acquire the knowledge and skills to work effectively as an individual and in groups. It will give you the basis to contribute to the goals of the organisation which employs you.

It is essential that you begin your training by becoming familiar with the industry standards to which organisations must conform.

This Learner Guide Covers

Work with people with mental health issues

- I. Establish respectful relationships with people with mental health issues
- II. Determine the needs of people with mental health issues
- III. Work with people with mental health issues to meet aspirations and needs

Learning Program

As you progress through this unit of study, you will develop skills in locating and understanding an organisation's policies and procedures. You will build up a sound knowledge of the industry standards within which organisations must operate. You will become more aware of the effect that your own skills in dealing with people have on your success or otherwise in the workplace. Knowledge of your skills and capabilities will help you make informed choices about your further study and career options.

Additional Learning Support

To obtain additional support you may:

- Search for other resources. You may find books, journals, videos and other materials which provide additional information about topics in this unit.
- Search for other resources in your local library. Most libraries keep information about government departments and other organisations, services and programs. The librarian should be able to help you locate such resources.
- Contact information services such as Infolink, Equal Opportunity Commission, Commissioner of Workplace Agreements, Union organisations, and public relations and information services provided by various government departments. Many of these services are listed in the telephone directory.
- Contact your facilitator.

Facilitation

Your training organisation will provide you with a facilitator. Your facilitator will play an active role in supporting your learning. Your facilitator will help you at any time during working hours to assist with:

- How and when to make contact
- What you need to do to complete this unit of study
- What support will be provided.

Here are some of the things your facilitator may do to make your study easier:

- Give you a clear visual timetable of events for the semester or term in which you are enrolled, including any deadlines for assessments
- Provide you with online webinar times and availability
- Use ‘action sheets’ to remind you about tasks you need to complete, and updates on websites
- Make themselves available by telephone for support discussion and provide you with industry updates by email where applicable
- Keep in touch with you during your studies

Flexible Learning

Studying to become a competent worker is an interesting and exciting thing to do. You will learn about current issues in this area. You will establish relationships with other students, fellow workers, and clients. You will learn about your own ideas, attitudes, and values. You will also have fun. (Most of the time!)

At other times, studying can seem overwhelming and impossibly demanding, particularly when you have an assignment to do and you aren't sure how to tackle it, your family and friends want you to spend time with them, or a movie you want to see is on television.

Sometimes being a student can be hard.

Here are some ideas to help you through the hard times. To study effectively, you need space, resources, and time.

Space

Try to set up a place at home or at work where you can:

- Keep your study materials
- Be reasonably quiet and free from interruptions
- Be reasonably comfortable, with good lighting, seating, and a flat surface for writing.

If it is impossible for you to set up a study space, perhaps you could use your local library. You will not be able to store your study materials there, but you will have a quiet place, a desk and chair, and easy access to the other facilities.

Study Resources

The most basic resources you will need are:

- A chair
- A desk or table
- A computer with Internet access
- A reading lamp or good light
- A folder or file to keep your notes and study materials together
- Materials to record information (pen and paper or notebooks, or a computer and printer)
- Reference materials, including a dictionary

Do not forget that other people can be valuable study resources. Your fellow workers, work supervisor, other students, your facilitator, your local librarian, and workers in this area can also help you.

Time

It is important to plan your study time. Work out a time that suits you and plan around it. Most people find that studying, in short, concentrated blocks of time (an hour or two) at regular intervals (daily, every second day, once a week) is more effective than trying to cram a lot of learning into a whole day. You need time to ‘digest’ the information in one section before you move on to the next, and everyone needs regular breaks from study to avoid overload. Be realistic in allocating time for study. Look at what is required for the unit and look at your other commitments.

Make up a study timetable and stick to it. Build in ‘deadlines’ and set yourself goals for completing study tasks. Allow time for reading and completing activities. Remember that it is the quality of the time you spend studying rather than the quantity that is important.

Study Strategies

Different people have different learning ‘styles’. Some people learn best by listening or repeating things out loud. Some learn best by ‘doing’, some by reading and making notes. Assess your own learning style and try to identify any barriers to learning which might affect you. Are you easily distracted? Are you afraid you will fail? Are you taking study too seriously? Not seriously enough? Do you have supportive friends and family? Here are some ideas for effective study strategies:

1. **Make notes.** This often helps you to remember new or unfamiliar information. Do not worry about spelling or neatness, as long as you can read your own notes. Keep your notes with the rest of your study materials and add to them as you go. Use pictures and diagrams if this helps.
2. **Underline keywords** when you are reading the materials in this Learner Guide. (Do not underline things in other people’s books.) This also helps you to remember important points.
3. **Talk to other people** (fellow workers, fellow students, friends, family, or your facilitator) about what you are learning. As well as help you to clarify and understand new ideas, talking also gives you a chance to find out extra information and to get fresh ideas and different points of view.



Using This Learner Guide

A Learner Guide is just that, a guide to help you learn. A Learner Guide is not a textbook. Your Learner Guide will:

1. Describe the skills you need to demonstrate to achieve competency for this unit.
2. Provide information and knowledge to help you develop your skills.
3. Provide you with structured learning activities to help you absorb knowledge and information and practice your skills.
4. Direct you to other sources of additional knowledge and information about topics for this unit.

How to Get the Most Out of Your Learner Guide

Some sections are quite long and cover complex ideas and information. If you come across anything you do not understand:

1. Talk to your facilitator.
2. Research the area using the books and materials listed under Resources.
3. Discuss the issue with other people (your workplace supervisor, fellow workers, fellow students).
4. Try to relate the information presented in this Learner Guide to your own experience and to what you already know.
5. Ask yourself questions as you go. For example, 'Have I seen this happening anywhere?' 'Could this apply to me?' 'What if...' This will help you to 'make sense' of new material, and to build on your existing knowledge.
6. Talk to people about your study. Talking is a great way to reinforce what you are learning.
7. Make notes.
8. Work through the activities. Even if you are tempted to skip some activities, do them anyway. They are there for a reason, and even if you already have the knowledge or skills relating to a particular activity, doing them will help to reinforce what you already know. If you do not understand an activity, think carefully about the way the questions or instructions are phrased. Read the section again to see if you can make sense of it. If you are still confused, contact your facilitator or discuss the activity with other students, fellow workers or with your workplace supervisor.

Additional Research, Reading, and Note-Taking

If you are using the additional references and resources suggested in the Learner Guide to take your knowledge a step further, there are a few simple things to keep in mind to make this kind of research easier.

Always make a note of the author's name, the title of the book or article, the edition, when it was published, where it was published, and the name of the publisher. This includes online articles. If you are taking notes about specific ideas or information, you will need to put the page number as well. This is called the reference information. You will need this for some assessment tasks, and it will help you to find the book again if you need to.

Keep your notes short and to the point. Relate your notes to the material in your Learner Guide. Put things into your own words. This will give you a better understanding of the material.

Start off with a question you want answered when you are exploring additional resource materials. This will structure your reading and save you time.

Introduction



Almost half of the Australian population has suffered from mental illness at some point. Mental illness is a health problem that affects people's moods, behaviours and thoughts. It may impact the lives of people in different ways and extents. Specifically, mental illness affects people's social life, ability to work and relationships. In this learning guide, you will encounter the term 'mental health issue' and 'mental illness'. *Mental health issue* is a general term for conditions that affect mental health, whether clinically diagnosed or undiagnosed. Meanwhile, *mental illness* or *mental disorder* is a diagnosable illness. It may significantly interfere with an individual's cognitive, emotional or social abilities.

*Based on Australian Institute of Health and Welfare material.
Prevalence and impact of mental illness, used under CC BY 4.0*

Values and Principles of the Mental Health Sector

Mental health is quite complex. The absence of mental illness does not mean one has flourishing mental health. At the same time, a person may be diagnosed with mental illness even if they feel well in many aspects of their lives. This complexity gives rise to serious concerns and problems. Thus, the role of the mental health sector is to address and solve these issues.

When dealing with issues relating to mental health, the mental health sector adheres to values and principles. These values and principles serve as a guide in the provision of mental health services. They also guide the strategies, policies, plans, and legislation or laws within the mental health sector. These values include the following:

Recovery

Recovery oriented practice

Health promotion and prevention

Holistic approach

Empowerment or disempowerment

Access and equity

Early intervention

Rights

Social justice and inclusion

Citizenship

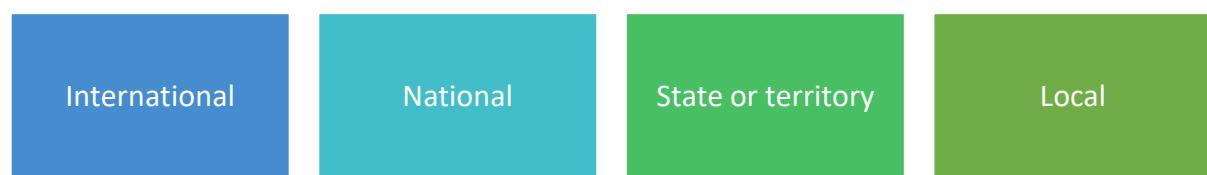
These values and principles will be further discussed in the succeeding chapters of this Learner Guide.

Legal and Ethical Considerations

Working with people with mental health issues requires you to consider many things. These considerations include legal and ethical standards. Legal and ethical standards ensure a person's safety and dignity.

Many people use the words 'legal' and 'ethical' interchangeably. *Legal* is anything about the law. On the other hand, *ethics* is about the morals of life and the perception of right and wrong. They may have different meanings, but these two are interconnected because ethics is the foundation of the law.

The four general types of legal and ethical considerations relevant to mental healthcare will be discussed in different categories:



- **International**

These are based on laws or codes of practice that are acknowledged internationally. For these to apply, Australia must be included in the nations that acknowledge these laws or codes of practice. The United Nations is an example of one international organisation whose conventions are incorporated into Australian law.

- **National**

These are laws or codes of practice that apply to the entire country. This means that everyone follows it in the relevant area in any state or territory. These can be found on the national legislation website, legislation.gov.au.

- **State or territory**

These are legislation or codes of practice for each state or territory. These are usually based on national versions, with some minor changes specific to the needs of each state or territory. These can usually be found in an individual state, territory legislation, or health-related websites.

- **Local**

These are legislation or codes of practice that are recognised in the local government where you are working. These laws or codes are enforced at a county or city level.

You need to know and understand these legal and ethical considerations to fulfil your duties in line with laws, regulations, rules, and standards as you work with people with mental health issues. In this Learner Guide, you will learn the legal and ethical standards of the following:

Codes of practice and practice standards

Dignity of risk

Mandatory reporting

Duty of care

Human rights

Informed consent

Discrimination

Privacy, confidentiality and disclosure

Policy frameworks

Records management

Rights and responsibilities of workers, employers and individuals accessing the service

Work role boundaries (responsibilities and limitations)

Work health and safety

This Learner Guide describes and explains the performances, skills, and knowledge needed to work with people with mental health issues. This is for those who work outside the mental health sector, particularly those who come into contact with people with mental health issues.

In this Learner Guide, you will learn how to:

- Establish respectful relationships with people with mental health issues
- Determine the needs of people with mental health issues
- Work with people with mental health issues to meet aspirations and needs

I. Establish Respectful Relationships With People With Mental Health Issues



Trust, good communication, understanding, and honesty build a respectful relationship. This relationship will allow the person to communicate their needs, concerns, and issues to you. When the person is open about their needs and issues, it will be easy for you to help and support them towards their empowerment and recovery. To accomplish this, you must first be aware of the codes of practice of a mental health support worker.

Codes of Practice and Practice Standards

Codes of practice provide rules and guidelines on performing different aspects of work for a specific industry. Your workplace codes of practice and practice standards must align with the Work Health and Safety Act 2011. WHS Act 2011 provides a framework to protect the worker's health, safety and welfare who might be affected by the workers' work.

The code of practice is based on laws and regulations. It provides practical guidelines on how to comply with relevant laws and regulations.

Each state and territory has codes of practice complementing the WHS Act 2011. You can access the approved codes of practices per state or territory in the table below.

State/Territory	Approved Codes of Practice
ACT	Codes of practice
NSW	List of codes of practice
NT	Codes of Practice
Qld	Codes of practice
SA	Codes of Practice
Tas	Codes of practice
Vic	Laws and regulations
WA	Approved codes of practice

Some of the codes of practice that may apply to you as you work with people with mental health issues are as follows:

- **Violence and aggression at work** – This may include guidelines on preventing and managing violence and aggression in the workplace.
- **Psychosocial hazards in the workplace** – This may include guidelines on the prevention and management of psychosocial hazards in the workplace.
- **Workplace behaviours** – This may include guidelines on preventing and managing inappropriate or unreasonable behaviour in the workplace.

Practice standards are the specific guidelines that can be applied to the workplace in accordance with codes of practice. The practice standards emphasise what the worker should do to:

- Attain an excellent work performance
- Provide high-quality services

In Australia, there are two sets of standards for Mental Health Services. These standards are the following:

	Service Standard	Practice Standard
Document	National Standards for Mental Health Services 2010	National practice standards for the mental health workforce 2013
Description	<p>This is applied to all mental health services in Australia. This includes standards ensuring that the systems and processes can provide optimum support to people who use services and their families.</p>	<p>This outlines standards that ensure that the practices of mental health professionals support person-centred approaches and reflect nationally agreed protocols and requirements.</p>

These two standards are intended to work together to aid the continuing development and implementation of good practices in mental health services.

Codes of practice and practice standards impact workers and organisations in the following ways:

- They ensure that the organisation and employees deliver services safely and effectively.**

The codes of practice and standards outline how the organisation and the workers could provide services as efficiently and effectively as possible. These serve as guidelines that recommend certain work practices and prohibit others.

- They ensure that the way the organisation and employees deliver services is consistent.**

Consistency of service delivery is often reliable. Consistency in services would ensure that the quality remains the same regardless of who provides the service. People would then know what to expect during availing of services.

- They ensure that the organisation's employees support the persons.**

The organisation and the workers must comply with persons' requests to be assisted in finding other support service providers they prefer to access. Support workers must also assist whenever the person communicates with these service providers.

- They ensure that business processes happen as smoothly as possible.**

Codes of practice and standards set expectations that employees must meet. Since they have a guide, they would easily deliver what is expected.

In working with the person, you may apply the codes of practice and practice standards by doing the following:



Following the codes of practice and practice standards is a must when working with the person. This will allow you to work in the best way possible and establish a respectful relationship with them. You will be able to do your duties and responsibilities in a way that optimises the support you can provide and offer to them.

In this chapter, you will learn how to:

- Communicate in a respectful and empowering manner
- Prioritise individual autonomy in recover work
- Recognise and respect the person's social, cultural and spiritual differences
- Support the person to understand and exercise their rights
- Maintain confidentiality and privacy of the person

1.1 Communicate in a Respectful and Empowering Manner

Communication in healthcare is exchanging information and ideas between healthcare professionals and the people they are helping. This exchange must be done in a way that both parties understand. Proper communication leaves no room for confusion between the person giving the message and the person receiving it. This is especially important when helping someone with mental health issues because it builds trust.

When you communicate clearly, the person will easily understand what you are saying. They will receive the information they need to make decisions relevant to their care. This will help you build a stronger relationship with them because they trust you. Proper communication also means that you work to understand what they are saying. This sends the message that you are listening to them, which builds their confidence in expressing themselves to you.

There are two main types of communication: verbal and non-verbal. They are as follows:

Verbal communication

- It involves the use of words, both written and spoken (e.g. speech and conversation).

Non-verbal communication

- It is a type of communication that does not involve the use of words (e.g. facial expression, gesture and posture).

Most of the time, you will use a combination of these two when communicating with the person.

Part of communication is the sending and receiving of information between you and the person. However, this does not encompass the entire point of communication. For communication to be effective, you should express your message in a way that the person can understand. You should also try to interpret the message the person is sending you correctly.

Miscommunication happens when the message is sent or received in the wrong way. See the example below of how ineffective communication can send the wrong message:

Corey is a 30-year-old man diagnosed with chronic depression. He called his mental health worker, Luke, to ask about adjusting the dosage of his anti-depressants. Luke responds, ‘You should bring that up with your psychiatrist, not me.’

Luke was trying to say that he was not a medical professional and could not give Corey advice about his medication. It would be best for Corey to speak with his psychiatrist to receive the correct medical advice. However, he was unclear with his communication and left out all that context. As a result, Corey interpreted this as 'I can never bring up my concerns about taking medication because Luke does not want to hear it'.

In this scenario, you can see how the lack of proper communication led to the person losing some trust in his support worker. You can also see how the lack of context or explanation made the person feel disrespected when asking for assistance. This is why it is important to communicate with the person effectively. This helps develop and maintain respect, hope, trust and self-direction. Establishing these will help the person feel empowered and more engaged in processes directing their recovery.

Learning About Myths and Facts

Learning about myths and facts surrounding mental illness allows you to understand the person well. It clears out any biased opinions and judgements you may have against the person.

Myths are widely accepted but usually untrue beliefs or ideas. These myths are based on old-fashioned thinking and outdated assumptions. On the other hand, facts about mental illness are known and proven to be true through a series of studies and research. The table below presents some myths about mental illness and their corresponding facts.

Myth	Fact
Mental illness is incurable.	People with mental health issues can recover. This is possible through proper treatment, services and support. Some people need to undergo ongoing treatment for the rest of their lives. Despite this, they can still manage mental illness and have a fulfilling life.
Mental illness is rare, and only certain types of people develop mental illness.	According to the Australian Bureau of Statistics, over two in five Australians aged 16 to 85 have experienced a mental disorder at some time. One out of five Australians may develop a mental illness at some stage in their lives. This shows that mental illness is not rare. Regardless of financial status, gender and race, children and adults may suffer from mental illness.

Myth	Fact
People with mental illness are dangerous, violent and scary.	Only a small percentage of violent acts can be attributed to people with serious mental illness. Instead, people with severe mental illnesses are more likely to be victims of violent crime than the general population.
Mental illness is not a real illness. Instead, it is caused by a weak character.	Mental illness is a medical condition just like other diseases, such as heart disease. Many factors contribute to mental illness. Do not blame the person suffering because a weak will or character flaws do not cause this.

Respect

Respect means that you accept the person for who they are. This also means that you accept and uphold their rights to be themselves. Below are some ways you can communicate to develop respect between you and the person:

- **Show empathy.**

Put in the effort to make the person feel you understand what they are going through. When they share their challenges, listen attentively and tell them their feelings are valid. Additionally, you can do further research on their condition to gain a better understanding of how they experience the world. This will allow you to empathise better and show that you respect them enough to learn more about them. Finally, apologise if you have offended, hurt, or embarrassed the person.

- **Use a nonjudgemental and sensitive approach.**

Consider your words carefully when communicating with the person. Do your research to stay updated on correct language and terminologies. Do not make their condition a big deal; only mention it when relevant. Ensure to speak at a level that the person will understand. However, you must also take care not to ‘talk down’ to them or speak to them below their level of understanding. This will make them feel degraded and disrespected. Also, make sure to speak directly to them and not to the person they are with.

Aside from your words, consider your tone and body language as well. Keep your tone friendly and polite, not yelling or rushing in a way that makes the person feel you do not have time for them. Finally, avoid disrespectful actions, such as rolling your eyes, crossing your arms, sighing, or shrugging instead of answering them.

Hope

Dealing with mental health issues can make a person feel hopeless, especially when prolonged. This feeling will then further contribute to their negative thoughts and experiences. It will lead to them giving up on the idea that they will experience a better quality of life.

To have hope means to believe that recovery is possible. Hope helps the person feel committed and motivated to achieve their goals. It is the fuel they need to keep their interest in the recovery process. Here are some ways you can communicate in a way that develops hope in the person:

Provide assurance.

Have the person practice positive self-talk.

Encourage the person to make plans for the future.

- **Provide assurance.**

When speaking with the person, remind them constantly that they can make positive changes. You can do this by emphasising their achievements, no matter how minor. This helps them focus on their accomplishments instead of their challenges.

When the person suffers a setback, express to them that it is only temporary. You can say, ‘it will be okay’ or ‘this feeling will not last forever’. You should also let the person know you will be there for them if they need help. Of course, it is important to pair these words with appropriate actions to address the situation.

- **Have the person practice positive self-talk.**

Communicate with the person using encouraging words. At the same time, have the person verbalise, write down, or sign these encouraging words to themselves. You can have them practice saying things like, ‘I can do it!’ or ‘I am strong and capable!’. This may be difficult for them at first, but eventually, this can alter the way they speak to themselves. Hearing these encouragements from you will also help reinforce them.

- **Encourage the person to make plans for the future.**

In conversations with the person, encourage them to think about their goals and plans. This develops hope because it gives them something to look forward to. It also helps affirm to them that there is a future for them. You can remind them of these plans when they are feeling low.

Trust

When the person trusts you, they are confident that you care about them. Eventually, they will be comfortable sharing vulnerable information with you. Trust is important because it allows you to gain the necessary information to help the person best. Here are some ways you can develop trust in your communication with the person:

Be factual.

Be open about your experiences.

Collaborate with them.

- **Be factual.**

Be honest with the person and always present them with correct information. This could include information about their condition, support system, or challenges. This sends the message that you trust the person's ability to make decisions based on facts. This also sends the message that they can trust you.

- **Be open about your experiences.**

You can share your struggles and experiences with the person to an appropriate degree. This shows that you trust them enough to be open with them. This will then encourage them to be open with you.

You should also be open with them when you have trouble understanding them. Ask for clarification instead of pretending to understand. This helps prevent miscommunication. It also encourages them to ask for clarification when they have trouble understanding you.

- **Collaborate with them.**

To collaborate means to work with the person when making decisions regarding their care. As their support worker, you should not be the only one making decisions on their behalf. It is essential to communicate with them regarding what is happening in their care and ask for their input.

Make sure to consider their input when deciding how to help them. Always confirm with them if they are okay with any assistance or care decisions before proceeding. This sends the message that you will not do anything for them without their consent or feedback. It will also encourage them to share their ideas without prompting because they know you will listen.

Self-Direction

Self-direction means that the person is responsible for their actions and decisions. Self-direction enables them to become independent. It also empowers them to take action towards recovery on their own. Here are some ways you can communicate to develop self-direction:



Work with their understanding of their experience.

Value their uniqueness.

- **Work with their understanding of their experience.**

People with or without mental health issues understand experiences differently. The person may experience their problems in a way that does not align with your ideas and prior learning. Your knowledge and biases should not overshadow how the person interprets their experiences, as they are the ones who are experiencing these things firsthand.

When communicating with the person, ask them about their feelings and experiences. Let these dictate the direction of your care relationship. For example, you may think a person with PTSD should gradually expose themselves to their triggers. However, the person you are working with expresses that this strategy does not work for them. They would prefer to avoid their triggers as much as possible. As the strategy does not work for them, you should respect that and work around it. Let them direct how they proceed and when they will try a different approach.

- **Value their uniqueness.**

Keep in mind that different things work for different people. Even if they are experiencing the same issues, they may face different challenges. As a mental health worker, you should always communicate to the person that their thoughts, ideas and experiences are valid. You should also remind them that what works for one person may not work for another. This helps prevent discouragement in case an approach does not work.

On the other hand, remember not to use language that implies that the person is ‘special’ or ‘courageous’ or ‘an inspiration’. These terms may appear condescending or set unrealistic expectations for the person.

Your effort to communicate effectively should not end once you have developed respect, hope, trust and self-direction. These things are difficult to build; when they are lost, it will be even more difficult to regain them. That is why it is important to maintain them throughout your working relationship with the person. Here are some strategies you may use to maintain respect, hope, trust and self-direction:

Maintaining respect

- Be consistent in speaking to the person politely.
- Give the person your full attention when communicating with them.

Maintaining hope

- Give frequent encouragement, regardless of the person's circumstances.
- Check in on the person's emotional state regularly.

Maintaining trust

- Be prompt in communicating updates or issues that may come up.
- Correct yourself immediately if you have provided the wrong information or made a mistake.

Maintaining self-direction

- Ensure consistent engagement with the person's goal-setting.
- Ask the person for updates on how they are doing with their goals and plans.

1.1.1 Communication Techniques When Dealing With People With Mental Health Issues

The communication techniques you may use when dealing with people with mental health issues are as follows:



- **Employing active listening**

Active listening concentrates on what is discussed rather than just hearing the speaker's message. Please take note that listening is different from hearing. Compared with listening, hearing involves passively intaking the sound, while in listening, you are intently comprehending the sounds you have heard. Remember to hear the person's message and listen actively to them. Here are some examples of how to use active listening:

Applications or Examples	Rationale or Explanation
<ul style="list-style-type: none"> ▪ Lean forward towards the person when they talk. ▪ Show that you are not distracted by anything (e.g. noise and gadgets). ▪ Use the phrases: <ul style="list-style-type: none"> ○ ‘Please tell me more.’ ○ ‘Go on.’ ○ ‘What happened next?’ 	<p>Actively listening shows the person that you are acknowledging and understanding their message. It also shows that you care for them and are interested in what they are saying. These show respect to the person.</p>

- **Using silence**

In communication, *silence* means the absence of speech. This means that your silence does not mean you are not communicating at all. Ensure that the silence you create is reflective, allowing a person to think back on things. Here are some examples of how to use silence in communication:

Applications or Examples	Rationale or Explanation
<ul style="list-style-type: none"> ▪ Avoid talking too much with the person or stating too many words simultaneously with the person. ▪ Allow reflective silence during your conversation with the person. 	<p>Avoiding excessive talking helps you to deliver a more straightforward message to the person. This will avoid confusion and misinterpretations on both of your ends. Also, reflective silence will allow the person to think about what both of you are discussing.</p>

- **Using open-ended questions**

Open-ended questions are questions that the person cannot simply answer with a 'yes' or 'no'. These are questions that require elaboration or explanation. These questions help you get the necessary information and understand a concept or situation better. Hence, knowing the right open-ended questions will help you understand the person well. Below are examples of how you can use open-ended questions:

Applications or Examples	Rationale or Explanation
<ul style="list-style-type: none"> ▪ Use questions that require the person to express their thoughts or opinions, such as: <ul style="list-style-type: none"> ○ 'What are you thinking right now?' ○ 'What are the things that you want to talk about?' ▪ Use questions that will require the person to explain their initial response, such as: <ul style="list-style-type: none"> ○ 'How are you feeling today compared to yesterday?' ○ 'What help do you want to receive from your care team?' 	<p>These questions allow the person to think about their responses and express themselves instead of using default single-word responses. These questions show that you are interested in their thoughts and encourage them to open up to you.</p>

▪ Summarising

Summarising is also relevant in effective communication. *Summarising* gives a concise and coherent overview of the key points you gathered from your conversation. Usually, it also involves paraphrasing the important information provided by an individual. Here are some things to consider when summarising:

Applications or Examples	Rationale or Explanation
<ul style="list-style-type: none"> ▪ Paraphrase the main points of their message and ask questions such as: <ul style="list-style-type: none"> ○ ‘Did I get it right?’ ○ ‘Is that correct?’ ▪ Use phrases such as: <ul style="list-style-type: none"> ○ ‘Let me see if I got that correctly.’ ○ ‘Let me see if I understood it correctly.’ 	<p>You show your care and interest when you summarise the main points of the person. This also helps clarify and verify information from them. This allows them to add or correct information from their statements if necessary.</p>

▪ Reflecting

This technique allows a speaker to listen to their thoughts and focus on their feelings. Here are some things to consider when reflecting:

Applications or Examples	Rationale or Explanation
<ul style="list-style-type: none"> ▪ When the person asks you about a problem or seeks advice, you may use these phrases: <ul style="list-style-type: none"> ○ ‘What do you think is the best to do?’ ○ ‘What do you think you should do?’ 	<p>Allowing the persons to reflect on their own develops their self-direction. Sometimes, the persons will seek advice from you about their problems. The best way to approach it is to ask the person their thoughts about the situation. You may also ask what they want to do about it. This way allows the person to think of the solutions on their own.</p>

You can use these communication techniques to develop respect, hope, trust and self-direction with the person:

- **Developing respect**

Active listening shows the person that you care about what they have to say because your full attention is on them. Similarly, using open-ended questions shows this because you encourage the person to explain themselves further.

- **Developing hope**

Using open-ended questions helps the person realise and recognise their motivations. This will help in pushing them towards their goals. Reflecting also helps them look into themselves for motivation instead of depending on outside factors.

- **Developing trust**

If the person sees that you are actively listening to them, they will trust that they can tell you things without the fear of judgement. They will be more motivated to talk to you because they know you will not dismiss their ideas. Summarising what they have said will further develop trust because they will see that you have truly paid attention.

- **Developing self-determination**

Silence and reflection will give the person time to consider what they want for themselves. These techniques will help them determine their own needs and goals. They will also be encouraged to commit to their recovery. Asking them open-ended questions may also help them realise things about themselves that will aid in their recovery.

All these techniques will aid you in ensuring that you create an environment where the person can freely express their thoughts and ideas. Allowing them to be comfortable also means that you can get sufficient information relevant to their needs and goals. These techniques are crucial for building respect, hope, trust, and self-determination. Here are some ways for you to do that:

Be consistent in using these techniques in a positive way.

Keep lines of communication open between you and the person.

Acknowledge when the person uses these techniques themselves without prompting.

Reflect on your use of the techniques after an interaction to ensure that you have used them positively.

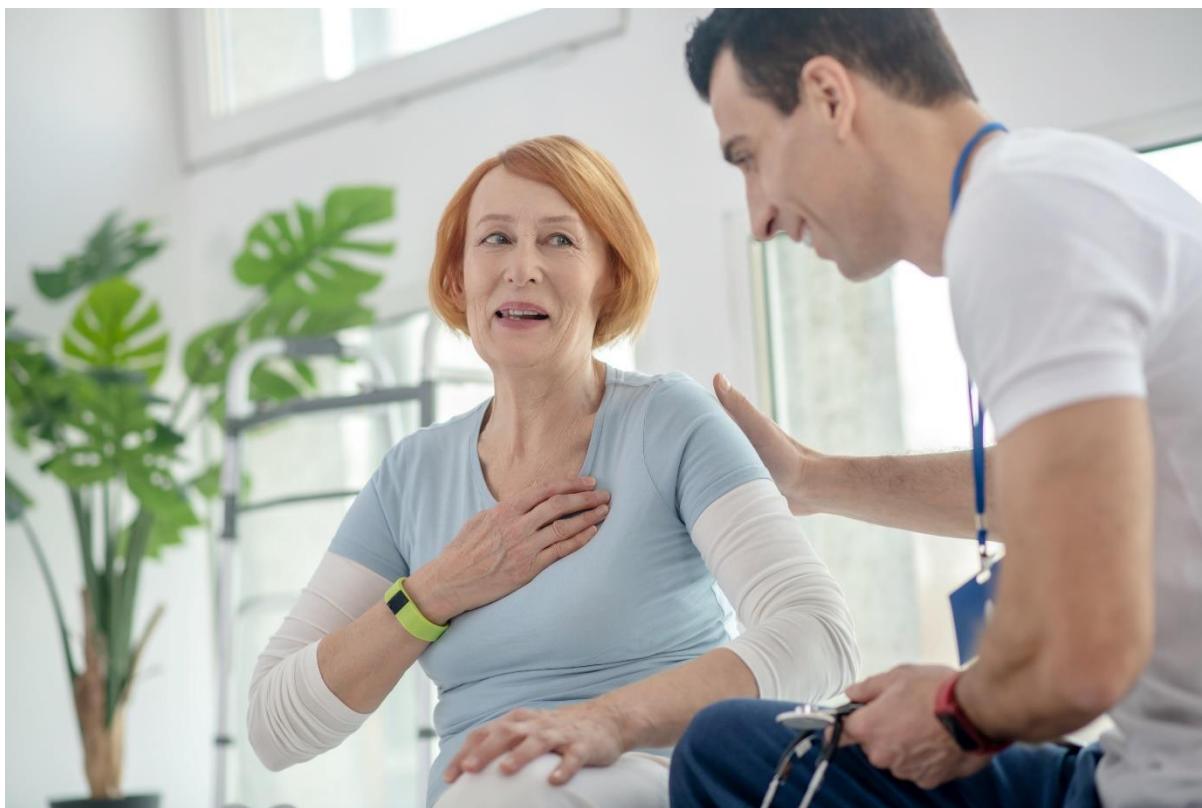
Checkpoint! Let's Review



1. Effective communication is important in establishing respect, hope, trust and self-direction. It helps prevent miscommunication and leads to better outcomes for the person.
2. You can use different communication techniques when dealing with people with mental health issues. These are:
 - Adapting active listening
 - Using silence
 - Using questioning skills
 - Summarising
 - Reflecting



1.2 Prioritise Individual Autonomy in Recover Work



Assisting the person is no easy task. You must consider how and to what extent you will aid their recovery. Additionally, the person is a distinct individual with distinctive traits, behaviours, and identities. Therefore, you must consider this while you work and assist them.

When working with the person, you must prioritise the following:

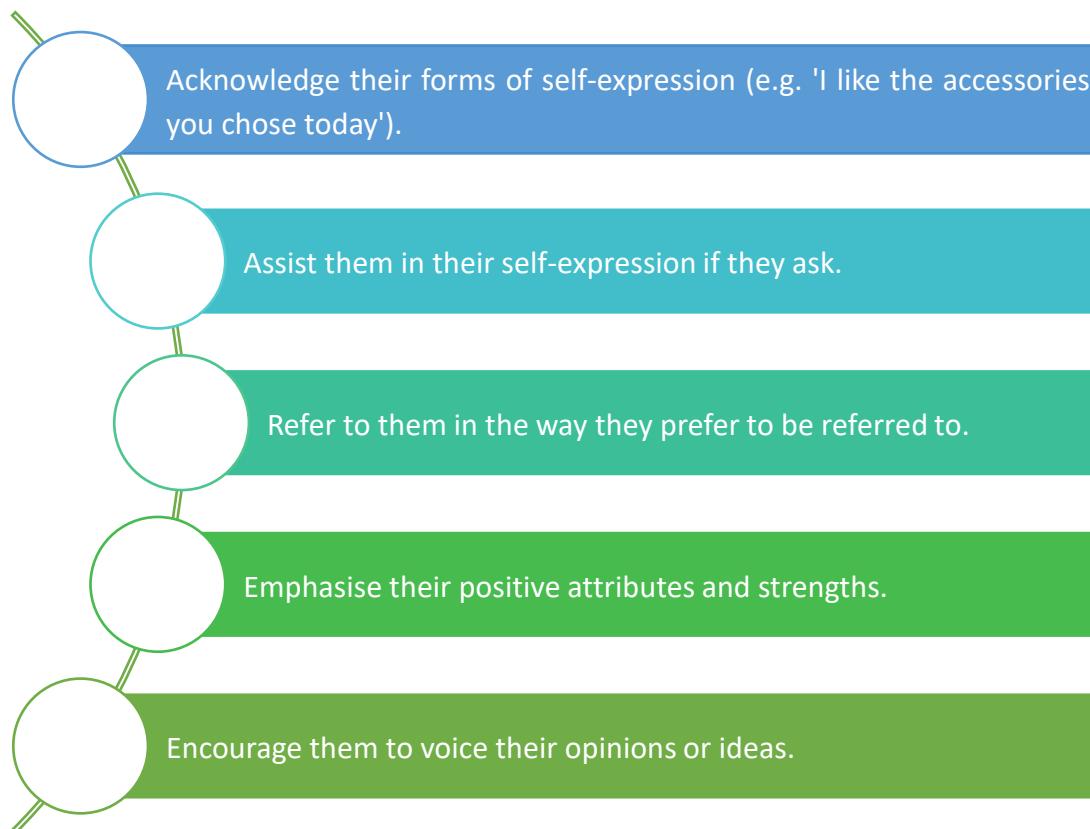
Right to self define

Right to self-directed recovery

- **Right to self define**

As previously mentioned, the person is a unique individual. They have their own beliefs, perspectives, values, attitudes and life. The person is not defined by their mental health issues. Instead, they are individuals with the freedom to identify themselves. With this freedom, they should be able to express and define their worth.

To demonstrate your regard for and commitment to this person's rights, consider the following guidelines:



By doing these things, you are giving the person the freedom to express themselves. This supports empowerment and helps you to know the person better. The more you understand the person, the higher the chances you can provide them with the appropriate support and services.

- **Right to self-directed recovery**

Based on the previous discussion, recovery can mean a variety of things. For some, it may mean no longer experiencing symptoms. For others, it means managing their symptoms and taking back control of their lives. Whatever their definition of recovery is, it is apparent that you have the responsibility to assist the person in that process.

As you support them, you must note that they must still drive the recovery process themselves. This process is called 'self-directed recovery'.

In self-directed recovery, the person will be able to:

Take control of the recovery process

Develop greater responsibility for themselves

Empower themselves throughout the process

The person knows what works for them the best. Therefore, it is beneficial to the process if they direct and control it by themselves while still receiving the necessary support and guidance. Different strategies for working with people with mental health issues support this idea. Different approaches include:

- Person-centred approach
- Recovery-oriented approach
- Holistic approach
- Strength-based approach

These strategies will be discussed in the following chapters. To uphold the person's right to direct their recovery, you must empower them to take the lead in their recovery process. Allow and support them to make decisions and choices on their own. This will aid you in engaging them in the recovery process.

1.2.1 Changing Approaches to Working With People With Mental Health Issues

The approaches to working with people with mental health issues have evolved. Previous discussions presented here in Subchapter 1.2 shows that the approach to working with people with mental health issues is centred on the person. How you work with the person allows them to be involved throughout their recovery. On the other hand, your task is to guide, assist and support them. This approach has developed through the changes in how mental health is perceived in society through time. You can examine these social, historical, political and economic changes.

Social Context

Here are some examples of changes in societal views of mental health and the corresponding change to approach to working with people with mental health issues through time:

	How Society Views People With Mental Health Issues	Approaches in Mental Health Work
Then	<ul style="list-style-type: none"> ▪ Having mental health issues is a crime. ▪ People with mental health issues pose a threat to the community. ▪ People with mental health issues are possessed. 	<ul style="list-style-type: none"> ▪ The goal is to detain and deprive people with mental health issues of liberty. ▪ Some treatments are chains, shackles and other things used for physical restraint.
Now	<ul style="list-style-type: none"> ▪ People with mental health issues can recover. ▪ Most people with mental issues are not dangerous. Even those who have severe symptoms are rarely dangerous. ▪ People with mental health issues can still make significant contributions to society. ▪ People with mental health issues can have a productive and fulfilling life. 	<ul style="list-style-type: none"> ▪ The mental health work follows the person-centred approach or person-led approach in which: <ul style="list-style-type: none"> ○ People with mental health issues and what they can do became the focus of the mental health work instead of their condition ○ People with mental health issues receive support based on their needs and current situations

Historical Context

It is important to look at the major events that happened in history that impacted the views and attitudes of society towards mental health to understand changes in societal views. It is also important to understand that these events led to improvements and developments in the mental health service.

Here is a summary of noteworthy instances in the history of mental health services:

Timeline	Significant Events	Implications to Mental Health Services
1800s	<p>People with mental health issues were considered lunatics. They were imprisoned together with other criminals.</p> <p>People with mental health issues were separated from criminals and put in an asylum. Asylums are institutions for people with mental illness.</p>	<p>The focus of the mental health service was to isolate people with mental illness. They were isolated to reduce the risk they posed to the community.</p>
Mid-1900s	<p>There were significant pharmacological discoveries during this time. Various antipsychotic medications were developed.</p>	<p>The development of various drugs and medications led to psychological, occupational, and recreational treatment and interventions in the asylums.</p> <p>These include activities such as:</p> <ul style="list-style-type: none"> ▪ Gardening ▪ Farming ▪ Woodwork
Late 1900s	<p>Psychiatric institutions were closed, and people were released from asylums.</p>	<p>Models of treatment and services shifted towards community care.</p>

Timeline	Significant Events	Implications to Mental Health Services
1971	The United Nations General Assembly proclaims the Declaration on the Rights of Mentally Retarded Persons.	This led to positive changes in recognising the rights and dignity of people with intellectual disabilities and emphasising the importance of their inclusion and participation in society.
1991	The General Assembly adopts the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care. These adopted principles outline and specify the rights and privileges of people with psychosocial disabilities.	These adopted principles positively impacted attitudes and societal views towards mental health as they helped reduce the stigma associated with mental illness and encouraged people to seek help when needed.
1993	<i>The Report of the National Inquiry into the Human Rights of People with Mental Illness</i> found that people with psychosocial disabilities were among the most vulnerable in the community, suffering from systemic discrimination.	This inquiry was a landmark report on the Human Rights of people with mental illness. It helped change the public perception of mental health by bringing mental health into the mainstream conversation.
2000s	The development of drugs, practising different types of therapies and researching more about mental health are ongoing. Different approaches to solving problems regarding stigma and discrimination against people with mental health issues are emphasised.	The treatment and services follow a person-centred approach.

Timeline	Significant Events	Implications to Mental Health Services
2005	<p>In collaboration with the Australian Human Rights Commission and other government agencies concerned with mental health, the Minister for Health launched a report entitled <i>Not for Service: Experiences of injustice and despair in mental health care in Australia</i>.</p>	<p>This report significantly impacted attitudes and societal views towards mental health as it highlighted significant issues within the mental health system. It increased awareness and discussion about the need for reform and improvement of Australia's mental healthcare system.</p>
2010	<p>The Australian Human Rights Commission published <i>Workers with Mental Illness: a Practical Guide for Managers</i>. The guide aims to address mental health issues in workers.</p>	<p>The guide led to positive changes in the mental health management of the Australian workforce as it provides strategies to help employers and managers to understand mental illness better, assist workers with mental illness, and ensure workplaces are healthy and productive.</p>
2012	<p>The National Mental Health Commission was established. The Commission's role includes producing an annual Report Card on Mental Health and Suicide Prevention, advising on how best to support Australians with mental health issues, and collaborating with other sectors to achieve excellent mental health and wellbeing for Australians.</p>	<p>The establishment of the National Mental Health Commission is a positive change in the attitudes and societal views towards mental health as it marked a shift towards a more holistic and integrated approach to mental healthcare.</p>

Political Context

Government policies and initiatives also affected the approaches to working with people with mental health issues and the mental health sector in general. Here are some current government policies and initiatives in the mental health sector:

Policies and Plans	Significance
National Mental Health Policy 2008	<p>This policy provides a vision for further mental health reforms in Australia. The goal of the policy is to provide Australia with a mental health system that:</p> <ul style="list-style-type: none"> ▪ Promotes early intervention and recovery ▪ Ensures that everyone in Australia with mental illness obtains effective and appropriate treatment with the support of their communities ▪ Reduces stigma
The Fifth National Mental Health and Suicide Prevention Plan	<p>This plan lays out a clear set of recommendations for addressing social and emotional wellbeing, mental illness, and suicide amongst Aboriginal and Torres Strait Islander peoples as a priority. This is also the first to stress the significance of attending to the physical health needs of people. It also highlights the importance of reducing stigma and discrimination.</p>
Pandemic Response Plan	<p>One of the core objectives of this plan is to meet the mental health and wellbeing needs of all Australians. This is to lessen the negative short-term and long-term impacts of the COVID-19 pandemic.</p>
The National Mental Health and Suicide Prevention Agreement	<p>The agreement lays down the agreed-upon principles of all governments to work in partnership to improve the mental health of all Australians.</p>

Policies and Plans	Significance
Vision 2030	The plan provides a blueprint of the national direction for mental health and suicide prevention system to meet the needs of all Australians from 2020 to 2030.
Head to Health	The initiative provides information, advice, and free or low-cost phone and online mental health services to help people with mental health issues.



Further Reading

You can learn more about the different government policies and mental health plans by reviewing the policies and plans provided on the Department of Health and Aged Care website.

[What we're doing about mental health](#)

Economic Context

It is well known that economic disadvantage increases the risk of people having mental health issues. At the same time, an increase in the number of people having mental health issues impacts the economy negatively. This happens because people with mental health issues are known to be less productive.

To address this issue, the National Mental Health Commission emphasised the evidence that mental health reform, together with greater investment in promotion, prevention and early intervention, will result in significant economic and social gains. Based on this, the Commission is committed to the following:

- Supporting the mental health of individuals
- Bringing economic benefits by reducing public health costs

This will have a positive domino effect since this will increase productivity and reduce absenteeism. At the same time, this will generate additional funds that may go back into mental health services. The funds may be used for promotion, prevention and intervention programs.



The National Mental Health Commission has provided several prevention interventions modelled using a return on investment (ROI) framework. This includes the following:

- Face-to-face psychological workplace interventions for depression and prevention
- E-health psychological workplace interventions for the prevention of depression
- Exercise programs for the prevention of post-natal depression
- Psychological interventions for the prevention of post-natal depression
- School-based interventions for bullying prevention
- Parenting interventions for the prevention of anxiety disorders in children
- School-based psychological interventions to prevent depression in young people
- E-health workplace intervention for the prevention of depression
- Educational interventions to reduce older person's loneliness
- E-health interventions to reduce older person's loneliness

Based on material provided by the National Mental Health Commission.

Economics of Mental Health – The Case for Investment in Prevention and Promotion, used under CC BY 3.0 AU

There is a clear relationship between the country's economy and mental health sector. Economic disadvantages, such as homelessness and unemployment, can negatively impact the mental health sector as they increase the risk of people developing mental health issues. At the same time, an increase in the number of people with mental health issues negatively impacts the economy due to a decrease in productivity.

Therefore, investing in mental health reform positively impacts the economy by improving the workforce's productivity and resulting in savings for the health system. Subsequently, this impacts people with mental health issues as it ensures opportunities for people to properly address their mental health issues and participate fully in their chosen communities.

Based on this rationale, prevention interventions for people with mental health issues have been modelled using a return-on-investment framework. The table shows the different interventions.

Intervention Number	Intervention	Explanation
1	Face-to-face psychological workplace interventions for depression prevention	This is about offering in-person counselling and other mental health services to employees.
2	E-health psychological workplace interventions for the prevention of depression	This is about offering remote counselling and other mental health services to employees.
3	Exercise programs for the prevention of post-natal depression	This is about offering help for weight and health management for new mothers.
4	Psychological interventions for the prevention of post-natal depression	This is about offering counselling and other mental health services to pregnant women leading up to the birth of their child.
5	School-based interventions for bullying prevention	This is about offering resources and assistance for schools to develop or improve anti-bullying programs.

Intervention Number	Intervention	Explanation
6	Parenting interventions for the prevention of anxiety disorders in children	This is about offering tips and training for parents to help manage their children's mental health.
7	School-based psychological interventions to prevent depression in young people	This is about offering help for school programs that provide mental health interventions for students at risk for depression.
8	E-Health workplace intervention for the prevention of depression	This offers internet-based or computer-based help for workers at risk for depression.
9	Educational interventions to reduce older person's loneliness	This offers help for older people undergoing adult education, where adult education centres can offer interventions.
10	E-health interventions to reduce older person's loneliness	This offers remote help for people who live alone or away from their support system and have no physical access to support.

Based on material provided by the National Mental Health Commission. Prevention and Promotion - Literature Review and Scoping Study, used under CC BY 3.0 AU

The approach to working with people with mental health issues changes over time. The current approach is engaged with a person-centred approach. Hence, you must utilise a person-centred approach when working with the person.

To ensure that you reflect this approach as you work with the person, you must observe the following:

Support people with mental health issues in making decision about their lives.

Take into account people with mental health issues's life experience, age, gender, culture, heritage, language, beliefs and identity.

Provide flexible services and support to suit people with mental health issues's wishes and priorities.

Use a strengths-based approach, where people with mental health issues are acknowledged as the experts of their lives by focusing on what they can do first, and any help they need second.

Consider people with mental health issues's support networks as partners.

Based on [What is a person-led approach?](#), used under CC BY 4.0.

© State of New South Wales NSW Ministry of Health. For current information go to www.health.nsw.gov.au.

You must follow this person-centred approach to help people define their wants and the best way to achieve them. This approach will help you to guide the person in their chosen path of recovery.

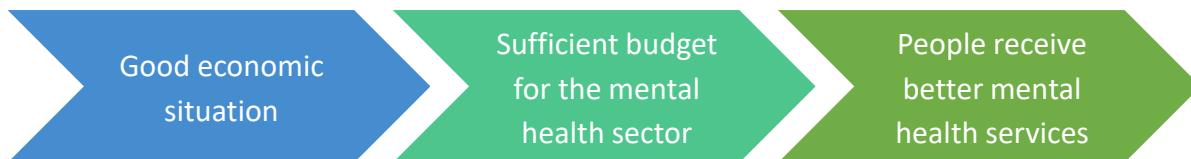
The Current Economic Situation

Though people's mental health issues affect the economy, a nation's economic situation also affects the mental health sector. The economic situation impacts the resources provided for mental health matters. A limited budget can be allocated to the different sectors that run a country.

A positive economic situation implies that there is enough budget to allocate for meeting different needs. In addition to mental health, these needs may include education, security, employment and employment.

The mental health sector may receive a decent budget for various mental health services in a thriving economy. In turn, this will positively impact people receiving these services. It is more likely that the services will have more resources and thus be able to serve more people effectively. This may result in better potential outcomes and a faster recovery period for these people.

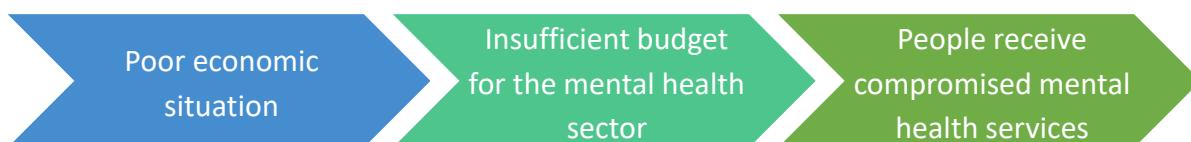
Here is a summary of the effects a good economic situation has on mental health:



A negative economic situation implies that the country's economic capabilities are insufficient to match its economic needs. In these cases, there may not be enough budget to allocate for all sectors that need it. The government will have to prioritise some issues over others. As a result, the mental health sector may not receive as much funding as other sectors, such as education. They may also have to share limited resources with the entire general health sector.

Limited funding means that the mental health sector may have to cut costs to serve as many people as possible. This may lead to issues with the quality of services provided. These issues may stem from the lack of trained professionals or the inability to update or maintain physical resources. People receiving mental health services may suffer from the compromised quality of these services. They may also have to wait longer to receive these services due to limitation issues. This may result in prolonged suffering and potentially worsen their mental health issues.

This diagram summarises the effects of a poor economic situation on mental health:



Australia's economic situation has been positive over the last few years. The economy's recovery since 2019 has been mostly steady, and the gross domestic product (GDP) is upward. Australia is considered an industrialised nation, meaning it has good economic growth compared to most other countries. As a result, the mental health sector receives a large budget that helps it operate and provide services for Australians. The budget for mental health-related services went from \$409 per person in 2015–2016 to \$431 per person in 2019–2020. While a large budget does not necessarily mean excellent services, the additional financial resources help improve them.

The budget for mental health services in Australia is distributed to different target areas, such as:



With an increased budget, all target areas will receive more resources to provide their services. For instance, according to the Australian Institute of Health and Welfare, 7.6% of government health spending was on mental health services in 2019–2020. Community mental healthcare services represent 38.6% of total state and territory spending during 2019–2020. For Australians, this means a higher likelihood of improved access to mental health services regardless of their income. It also increases the likelihood of a higher quality of these accessed services. This may eventually improve the overall mental health of the nation, which will then improve the economy.

Based on Australian Institute of Health and Welfare material. Expenditure, used under CC BY 4.0



Further Reading

Learn more about the general economic situation of Australia in 2022–2023 by clicking on this link:

[Resilient economy](#)

Learn more about the yearly budget allocation of the Australian government for the health sector, including the mental health sector, here:

[Budgets](#)

The responses you give for changes in mental health, mental distress or mental crisis will vary according to the scenario. Here is an example depicting changes in mental health and the appropriate responses to give:

Scenario	Identified Change	Appropriate Response
The person you are working with has been diagnosed with anorexia nervosa. They have been receiving consistent treatment and have made significant progress. However, after their parents' divorce, you have noticed that they have been steadily losing weight again each time you see them. They confided that they had stopped going to treatment due to stress.	The person has been losing weight again because they have stopped treatment for their eating disorder.	Empathise with the person's family situation to validate their emotions. Carefully tell them that you must inform your supervisor that they have stopped their treatment. Work with them to create a plan for how they can ease themselves back into treatment or find a different one.

Checkpoint! Let's Review



1. People with mental health issues are not defined by their mental health condition. Instead, they have the right to identify themselves.
2. Recovery-oriented approach respects each person's goals and choices. It is a holistic and person-centred approach to mental healthcare.
3. The person-centred approach focuses on providing support based on the needs and circumstances of people with mental health issues.



1.3 Respect the Person's Social, Cultural and Spiritual Differences



The person is different from both you and the rest of the population. They come from various backgrounds. They each hold different beliefs and live according to their customs and traditions. Unfortunately, these differences sometimes lead to discrimination and other related issues. Understanding and accepting differences help you work in a non-discriminatory manner. You become aware of your words and actions and avoid ones that hurt, invalidate or insult the person.

1.3.1 Recognising and Respecting the Person's Social, Cultural and Spiritual Differences

Identifying and acknowledging the differences in social, cultural and spiritual aspects among people is vital when working with people with mental health issues. Recognising the differences may help you know how you will work, communicate and collaborate with the person respectfully. Moreover, recognising the differences may aid you in:

- Identifying their preferences and needs
- Knowing the appropriate support and services for them

The following table presents what social, cultural and spiritual differences mean and their corresponding examples:

Differences	Meaning	Example
Social differences	These are differences based on social characteristics and categories.	Differences in: <ul style="list-style-type: none"> ▪ Social status ▪ Gender ▪ Age
Cultural differences	These are differences that are based on various ways of living.	Differences in: <ul style="list-style-type: none"> ▪ Behaviour ▪ Language ▪ Expression ▪ Practices
Spiritual differences	These are differences based on a system of beliefs and ways of searching for the purpose and meaning of life.	Differences in expressing spirituality. Some may express it through: <ul style="list-style-type: none"> ▪ Religious ways (e.g. attending church) ▪ Non-religious ways (e.g. meditation, writing and connecting with nature)

Identifying Social, Cultural and Spiritual Differences

There are various ways of identifying a person's social, cultural and spiritual differences. You may:

- **Review the profile of the person.**

Checking the person's profile will give you a bunch of information about them. This information can include their nationality, age and gender.

- **Ask the person directly.**

This is to secure a good understanding of the person's way of living or preferences. It is important not to make assumptions based on the colour of their skin, clothing, language and behaviour.

- **Interview the person's family and friends.**

You may also ask the person's family and friends. You may conduct formal or informal interviews as long as they can share their thoughts about the person's personal, social and cultural differences.

Recognising and Respecting Social, Cultural and Spiritual Differences

Knowing the differences will not make much difference. What will be more important is to recognise and respect these differences. Recognising their social, cultural and spiritual differences means accepting that their preferences are true and important. Respecting the person despite their differences will make them feel safe, secure and understood. To show respect, observe the following guidelines:



Use Culturally Sensitive and Safe Communication Strategies

You should use culturally sensitive and safe communication strategies. This shows respect for the different cultures of the people in your care. *Culturally sensitive* is when you are aware of people's cultures. It means not using discriminatory or harmful language. It also means making an effort to learn about their customs and norms. *Culturally safe* is when you show respect for other people's cultures. It also means accommodating them and making them feel comfortable.

Being culturally sensitive and safe helps build trust between you and the people in your care. It also helps respect people's rights and uphold their dignity. Here are some strategies you can use for culturally sensitive and safe communication:

Culturally Sensitive Strategies	Culturally Safe Strategies
<ul style="list-style-type: none"> ▪ Educate yourself about the person's cultural background. <ul style="list-style-type: none"> ○ Identify the person's cultural background and research their communication needs. ○ Identify if there are any terms or words that are not acceptable in the person's culture. ▪ Understand their cultural norms in terms of body language. <ul style="list-style-type: none"> ○ Identify how they feel about casual physical contact. Some cultures may welcome physical touch, while others value personal space. ○ Identify how they feel about eye contact. It may be imperative in some cultures but disrespectful in others. 	<ul style="list-style-type: none"> ▪ Accommodate people whose first language is not English. <ul style="list-style-type: none"> ○ Find someone who can translate between you and the person. ○ Use visual aids to help you and the person communicate better. ▪ Build a comfortable relationship. <ul style="list-style-type: none"> ○ Speak to them as you would speak to a friend. ○ Ask them about their lives, interests and culture.

Do Not Make Assumptions

Even when you research the person's background to understand them better, you still do not know everything about them. Making assumptions will make the person think you do not see them as unique. Thus, you must not make assumptions just based on what you know. It is always better to ask the person directly.

Examine this situation below:

Justine has been working with a Muslim person for a week already. She wanted to offer him food, but it was the Ramadan season. She knew that Muslims must try to fast during Ramadan.

However, before concluding that he fasts during Ramadan, Justine asked him about it. He explained that since he is sickly and elderly, he is not required to fast during Ramadan.

This situation shows how important it is not to make assumptions based solely on what you know about the person. If Justine had jumped to her belief right away, it would have been inconsiderate, and the person might have felt judged.

Acknowledge The Person's Choices

The differences in social, cultural and spiritual aspects always lead the person to make certain choices in life, such as:

- Dressing a certain way because of their religion or sexuality
- Following a specific diet based on their culture or religion

If their choices will not harm them or other people, acknowledge and respect their choices. You may show that you acknowledge their choices by observing the following:

Encouraging them to communicate their choices and preferences

Supporting them with whatever choices they make

Providing them a safe and comfortable space to express themselves

1.3.2 Key Issues Facing People With Mental Health Illness

Not correctly addressing a person's social, cultural, and spiritual differences results in critical societal issues. These issues may worsen the symptoms and conditions of people with mental health issues. These issues include:

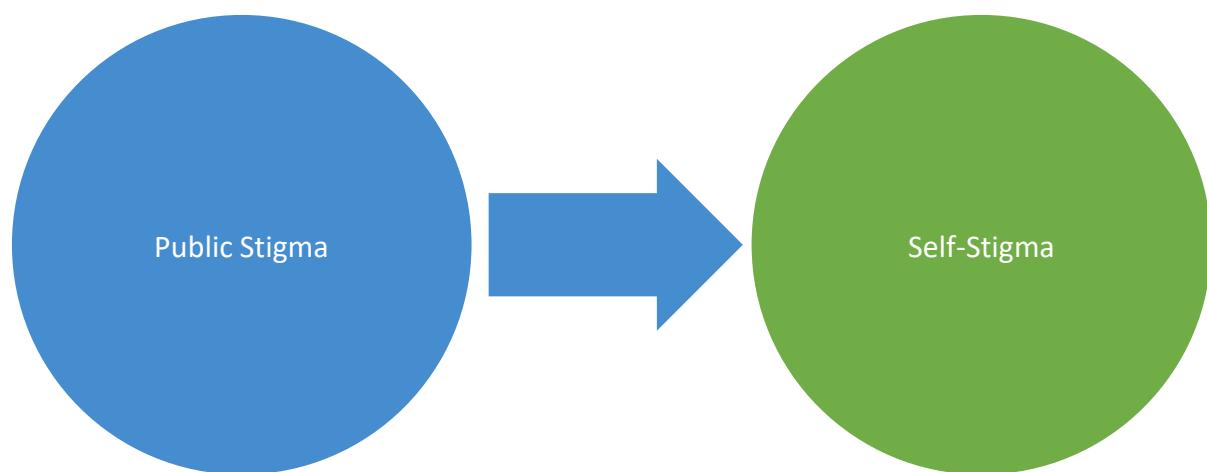
- Stigma
- Discrimination
- Prejudice

Stigma

In the context of mental health, stigma is when someone negatively sees a person because of their mental illness. Here are two general types of stigma:

Public Stigma	Self-Stigma
The negative attitudes the general population has about mental illness and people who suffer from it	The negative attitudes of people with mental health illness on their condition

Public stigma results in self-stigma. When the person accepts and internalises the negative views and attitudes about them, they may start to feel ashamed of themselves, lose their self-esteem and become fearful.



Prejudice and Discrimination

Stigma exists because people have prejudices about mental illness. These prejudices often lead to discrimination. Some people may think that discrimination and prejudice are just the same, but they are two different concepts. Here is the difference between prejudice and discrimination:

Prejudice	Discrimination
<p>This involves preconceived negative thoughts or beliefs a person has about people with mental health illnesses.</p> <p>Example: You believe that people suffering from depression are weak and lazy.</p>	<p>This is an unfair behaviour or action against people with mental health illnesses motivated by prejudiced beliefs.</p> <p>Example: Because of your belief, you bully and mock people suffering from depression.</p>

Prejudice is only the feeling and attitude, and it is only in the mind. On the other hand, discrimination is acting on that negative attitude.

Stigma, discrimination, and prejudice are all connected. Here are the two types of stigma and examples of prejudice and discrimination:

Stigma	Prejudice	Discrimination
Public stigma	The public thinks that people with mental illnesses are not competent and fit to work.	Employers do not hire people with mental health illnesses in their companies.
Self-stigma	People with mental illnesses think they are not good enough, useless and incompetent.	People with mental illnesses do not try to apply for work because they know they will fail.

Impact of Stigma, Prejudice and Discrimination

Stigma, prejudice and discrimination negatively affect people with mental health issues. Due to these, people with mental health issues:

Feel embarrassed and hopeless about their condition



Isolate themselves from the society



Avoid asking for help and getting treatment



Have fewer opportunities for employment



- **Feel embarrassed and hopeless about their condition**

People who experience stigma, prejudice and discrimination internalise public opinion about them. Because of this, they lose hope that they will get better and becomes ashamed of themselves and their condition.

- **Isolate themselves from the society**

People who experience stigma, prejudice and discrimination may lose their self-esteem and self-confidence. This makes them feel useless and incapable of making significant contributions to society. Because of this, they try to stay away and limit their interactions with other people.

- **Avoid asking for help and getting treatment**

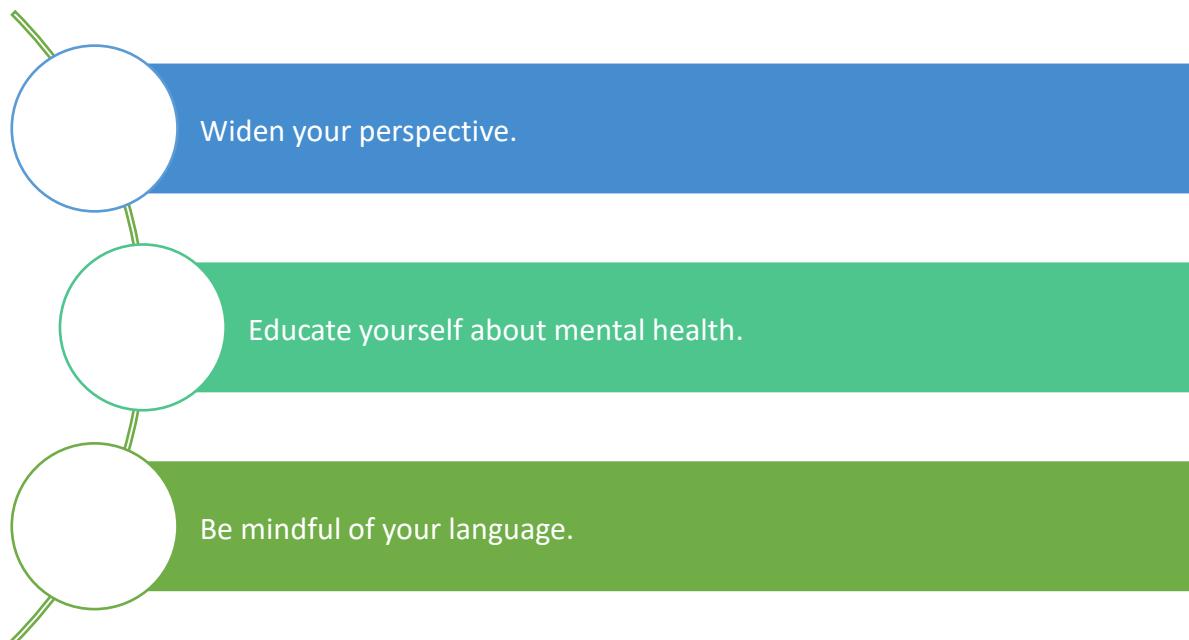
People with mental health issues are afraid of being judged and discriminated against by others. They fear the comments and actions they may receive if other people will know about their condition. Because of this fear, they try to hide and avoid seeking help and treatment.

- **Have fewer opportunities for employment**

Because of the stigma that people with mental health issues are incapable of working and taking responsibility, many of them find it difficult to be accepted for employment.

How to Deal With These Issues

When addressing the issues of stigma, prejudice and discrimination, you must observe the following:



- **Widen your perspective.**

You must not define the person based on their condition. As you work with them, treat them as individuals with defining traits. View them as individuals with unique personalities, skills and talents. You may widen your perspective by:

- **Listening**

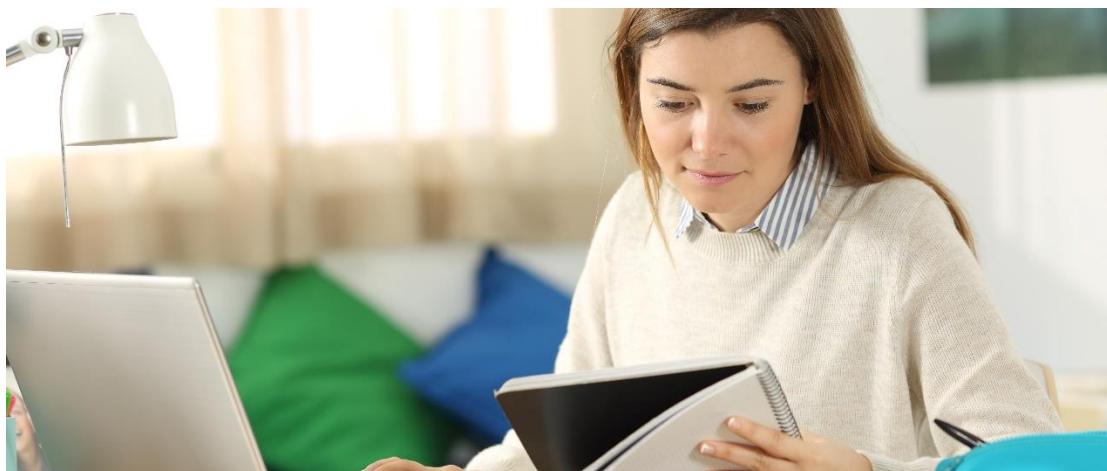
Listen to the person's personal stories. These stories may include experiences showcasing their skills, talents and other traits. You may gain information that will help you know the person well by listening. This lets you view them as a person, not based on their condition.

- **Asking questions**

Like listening, asking questions will help you gain more information and understanding about the person. You may ask about their likes and dislikes, friends or passions. When asking questions, make sure not to focus only on questions about their condition.

- **Educate yourself about mental health.**

Stigma, prejudice and discrimination result from people's misconceptions about mental health. Thus, you must ensure you understand mental health and mental health issues. Focus on facts and avoid believing in myths. Review the myths and facts about mental illness presented in Subchapter 1.1.



- **Be mindful of your language.**

When addressing the person, use person-first language. *Person-first language* acknowledges a person with their own identity. This emphasises the person first by using affirmative phrases rather than labelling them with their condition or illness. Labelling persons reinforces the stigma they already have from having mental health issues.

Some examples of person-first language are as follows:

Person-First Language	Labelling Language
Person with mental illness	Mentally ill
Person with disability	Disabled person
Person with depression	Depressed
Individual with psychiatric disability	Crazy

Person-first language lets people know and feel they are more than their mental health issues. Referring to the person first reinforces that people with these problems are human beings and not someone inferior. This fosters equal respect among people, away from judgement and discrimination.

Social Justice and Inclusion

In recognising and respecting social, cultural and spiritual differences, you must adhere to social justice and inclusion principles.

Social justice refers to the fair and equitable rights of everyone in the community. This relates to fairness among people regardless of gender, race, ethnicity, age, social status, sexual preference, religion and disability. It is the commitment to protect the most marginalised members of society. It is both an application and a way to safeguard the moral values that guide everyone. In Australia, this specifically targets minority groups such as the following:



Social justice focuses on reducing health inequalities in Australia. The following are some ways of promoting social justice:

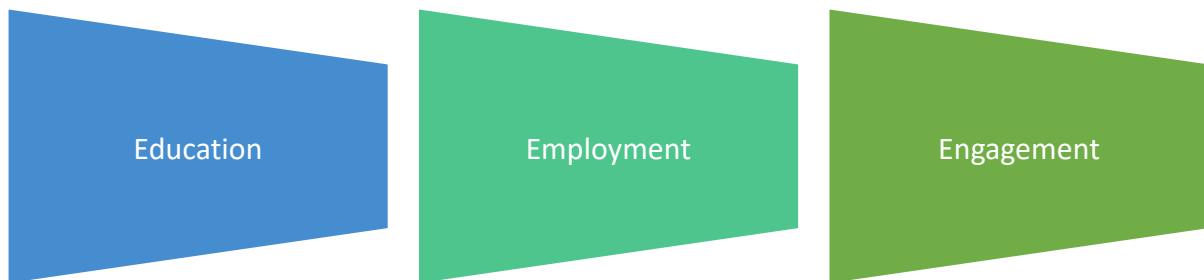
- Information designed to educate the public should be provided in languages the community can understand.
- Policies should ensure that all people have equal access to services.
- People of low socioeconomic backgrounds should receive the same quality of service as a person of higher socioeconomic backgrounds.

Here are the five principles of social justice:



Social inclusion is the right to participate and contribute to society. It is the process that focuses on improving the sense of belongingness of the person within their community or social circles. This is possible if people have the necessary opportunities and resources. In the context of mental health, social inclusion aims to support people with mental health illnesses in their active participation in society. It also addresses issues of discrimination and stigma.

Some of the indicators of social inclusion for people with mental health issues include the following:



- **Education**

People with mental health issues must have access to education. Some of them experience disruption to their education because of stigma and discrimination. They must be supported to continue with their education.

- **Employment**

People with mental health issues must have access to opportunities for employment. They must be assisted in preparing for, finding and securing a job.

- **Engagement**

People with mental health issues must be able to access different mental health services and be given opportunities to engage in social activities, including local, cultural and recreational activities.

The three principles of social inclusion and what the person can obtain from each of these principles are as follows:

Participation

- A person develops a sense of belonging through interacting with other members of the community.

Encounter

- A person may or may not develop relationships through unexpected meetings with other members of the community.

Presence

- A person is physically within their community but has little contact with other members of the community.

Multimedia



Discrimination affects mental health in various negative ways. Find out more through the video below.

[What effects can discrimination have on one's mental health?](#)



Checkpoint! Let's Review



1. Being culturally sensitive is when you are aware of people's cultures. It means not using discriminatory or harmful language. It also means trying to learn about their customs and norms. Being culturally safe is when you show respect for other people's cultures.
2. People with mental health issues face key issues such as:
 - Stigma
 - Discrimination
 - Prejudice

1.4 Support the Person to Understand and Exercise Their Rights



The previous subchapter discussed the different critical issues faced by people with mental health issues. These issues include stigma, prejudice, and discrimination. These problems may worsen the symptoms of people with mental health issues and may affect their recovery process. Therefore, society must protect people with mental health issues to ensure they will be safe against discrimination and oppression.

A *right* is a legal or moral entitlement to have or do something. Just like anyone, people with mental health issues have rights. Some of their rights include:

- Right to be respected
- Right to privacy
- Right to access services appropriate for their needs
- Right to understand treatment options and alternatives
- Right to receive care that does not discriminate

Different laws create these rights. And it is imperative that before you support the person in understanding and exercising their rights, you must first understand the key provisions of the laws that promote their rights.

1.4.1 Human Rights

Human rights refer to all fundamental rights that each person is entitled to as a human being. These human rights are universal because they apply to all people regardless of background and beliefs. Human rights are also inalienable because they cannot be taken away. After World War II, the United Nations General Assembly released the Universal Declaration of Human Rights. This document states and describes all fundamental human rights that must be protected. The Universal Declaration of Human Rights has since been used as the basis for other legislation and guidelines protecting the rights of people.



Further Reading

Learn more about the Universal Declaration of Human Rights by accessing the United Nations site through the link below.

[Universal Declaration of Human Rights](#)

Several federal, state and territory laws aid Australia in fulfilling its human rights obligations, such as the [Australian Human Rights Commission Act 1986](#) at the national level. This outlines the roles and responsibilities of the Australian Human Rights Commission, which protects and promotes human rights across Australia. This also gives Australia's obligations effect under the following:

- **International Covenant on Civil and Political Rights**

This commits members to respect the civil and political rights of each citizen. Civil rights include a person's right to privacy and protection from discrimination. Political rights include a person's right to vote and run for office.

- **Convention Concerning Discrimination in Respect of Employment and Occupation**

This commits member nations to put laws in place that protect workers from discrimination in the workplace. These include laws against hiring and pay discrimination based on race, gender and disability.

- **Convention on the Rights of Persons With Disabilities**

This commits member nations to protect the rights of persons with disabilities. These protections include laws protecting them from discrimination and ensuring their access to accommodations.

- **Convention on the Rights of the Child**

This commits member nations to protect the rights of individuals aged 18 and younger. These protections include laws that protect them against abuse and exploitation. They also include laws upholding their rights to education, leisure, and expression.



- **Declaration of the Rights of the Child**

Like the Convention on the Rights of the Child, this also protects the rights of individuals aged 18 and younger. The declaration lists children's rights and states that humanity owes it to children to have their rights upheld.

- **Declaration on the Rights of Disabled Persons**

This lists the rights of people with disabilities, including their right to be protected from discrimination and abuse.

- **Declaration on the Rights of Mentally Retarded Persons**

This lists the rights of people with intellectual disabilities, emphasising that they have the same rights as anyone else.

- **Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief**

This lists the rights of all individuals in relation to practising their religion or beliefs. It states that everyone has a right to be protected from harm while practising their beliefs.

You will find links to all the documents mentioned above from the '[Legislation](#)' page of the Australian Human Rights Commission.

Victoria, Queensland and the Australian Capital Territory also have their human rights commissions and a set of legislation and guidelines to protect human rights. Here are the different links to certain legislation:

State/Territory	Human Rights Legislation and Guidelines
Australian Capital Territory	Human Rights
Queensland	Human rights
Victoria	Victoria's human rights laws

Human rights are both legal and moral. Human rights are meant to apply to all human beings everywhere, regardless of whether they have received legal recognition. You must uphold and protect human rights as you work with the person. You must ensure that your work practices respect the dignity of the persons.

You and your organisation may ensure that you uphold and protect human rights by using the human rights-based approach in your practices. Human rights-based approaches allow support workers and service providers to use human rights in forming and upholding effective policies, practices and practical realities for all.

Some principles can be followed when using the human rights-based approach. These are:

- **Participation**

Everyone has the right to participate in decisions that affect their human rights. Participation must be active, accessible, and meaningful. It must give attention to issues of accessibility, including access to information in a form and a language that can be understood.

- **Accountability**

Accountability requires effective monitoring of compliance with human rights standards, achievement of human rights goals, and effective remedies for breaches of human rights. For accountability to be effective, there must be appropriate laws, policies, institutions, administrative procedures, and redress mechanisms to secure human rights.

Effective compliance monitoring and achievement of human rights goals also require developing and using appropriate indicators.

- **Non-discrimination and equality**

A human rights-based approach means that all forms of discrimination in realising rights must be prohibited, prevented, and eliminated. It also means that priority should be given to people in the most marginalised or vulnerable situations who face the most significant barriers to realising their rights.



- **Empowerment**

Everyone is entitled to claim and exercise their rights and freedoms. Individuals and communities must understand their rights and fully participate in developing policies and practices that affect their lives. Providing feedback, expressing interests, identifying preferences, and expressing sexuality are expressions of thought that must be respected.

- **Legality**

A human rights-based approach requires that:

- The law recognises human rights and freedoms as legally enforceable entitlements
- The law itself is consistent with human rights principles

*Sourced from [Human rights based approaches](#), used under CC BY 4.0.
© Australian Human Rights Commission 2017.*

Children in the Workplace

There may be instances that you will encounter children as you work with people with mental health issues. In this case, you are legally obligated to keep these children healthy and safe. There may also be cases where you will be working with children with mental health issues. It is part of your duty to help them exercise their rights as children and individuals.

You can minimise the risks to children through some key considerations, such as:

- Are the children safe?
- Are the children well supervised?
- Are there clear policies on how to interact with children?

You may find international, national, state or territory, or local laws and legal instruments that guide individuals when dealing with children in the workplace. Some examples are linked in the previous discussion. At the national level, child protection laws serve as bases for policies related to children in the workplace. To learn more about the existing legislation related to working with children in each state or territory, refer to the following table:

State/Territory	Legislation Related to Working With Children
Australian Capital Territory	Working with Vulnerable People (Background Checking) Act 2011
New South Wales	Child Protection (Working with Children) Act 2012 No 51
Northern Territory	Care and Protection of Children Act 2007
Queensland	Working with Children (Risk Management and Screening) Act 2000 No. 60
South Australia	Child Safety (Prohibited Persons) Act 2016
Tasmania	Registration to Work with Vulnerable People Act 2013
Victoria	Worker Screening Act 2020
Western Australia	Working with Children (Criminal Record Checking) Act 2004

Based on 'Pre-employment screening: Working With Children Checks and Police Checks', Australian Institute of Family Studies (AIFS) on behalf of the Commonwealth of Australia, CC BY 4.0

Similar to the legal framework for requirements related to children in the workplace, the ethical framework is based on the principle of child protection. When children are in your workplace, you must ensure they are safe and secure. You must follow certain ethical standards for working with and around children. For this reason, state or territory governments introduced 'child safe standards', which organisations that work with children must follow. These standards are based on National Principles for Child Safe Organisations, as the Australian Human Rights Commission prescribes.



Further Reading

Follow the link below for further information on National Principles for Child Safe Organisations:

[National Principles](#)

To comply with the legal and ethical requirements for working with children, you must do the following:

Control the access and movement of children by designating spaces where they can stay.

Ensure that children are supervised at all times.

Doing these things will ensure that children are always safe and secure.



Further Reading

The Australian Human Rights Commission provides information and guidelines for child-safe organisations. Follow the link below for further information on child safety and wellbeing requirements, initiatives, and resources for each state and territory.

[Links & resources](#)

1.4.2 Discrimination

Section 1.3.2 discusses the impacts of discrimination on people with mental health issues. Discrimination may negatively affect the person and hinder them from having a productive and fulfilling life. Because of this, you must be aware of the legislation protecting the person against discrimination.

The definition of disability in the [Disability Discrimination Act 1992](#) covers mental illnesses. This Act makes discrimination against people with disability illegal. Disability discrimination happens when a person is treated less favourably than others in a similar situation because of their disability, which includes mental illness.

Aside from disability discrimination, it is also illegal to discriminate against other people based on age, race, religion, sex, and gender. This is enacted in the following federal legislation:

- [Age Discrimination Act 2004](#)
- [Racial Discrimination Act 1975](#)
- [Sex Discrimination Act 1984](#)

In addition, individual states and territories also have laws against discrimination. Here are the different anti-discrimination legislation and guidelines for each state or territory:

State/Territory	Anti-Discrimination Legislation and Guidelines
Australian Capital Territory	Discrimination Act 1991
New South Wales	Anti-Discrimination Act 1977 No 48
Northern Territory	Anti-Discrimination Act 1992
Queensland	Anti-Discrimination Act 1991 No. 85
South Australia	Equal Opportunity Act 1984
Tasmania	Anti-Discrimination Act 1998
Victoria	Equal Opportunity Act 2010
Western Australia	Equal Opportunity Act 1984

Based on [Australia's anti-discrimination law](#), used under CC BY 4.0. © Commonwealth of Australia 2023.

Internationally, anti-discrimination laws are based on human rights treaties, to which Australia is a party, including seven core treaties:

- [International Covenant on Civil and Political Rights](#)
- [International Covenant on Economic, Social and Cultural Rights](#)
- [International Convention on the Elimination of All Forms of Racial Discrimination](#)
- [The Convention on the Elimination of All Forms of Discrimination against Women \(CEDAW\)](#)

- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- Convention on the Rights of the Child
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

Based on *International human rights system*, used under CC BY 4.0. © Commonwealth of Australia 2023.

You and your organisation must adhere to existing legislation when working with the person. To do this, you and your organisation must do the following:

Provide equal access to all who need your support and services.

Treat all persons with respect and dignity.

Protect the person from any form of discrimination.

- **Provide equal access to all who need your support and services.**

Regardless of the person's gender, race, disability and religion, you must offer them access to the support and services they need. You must inform them of all the options they can choose from and assist them in all the steps or procedures they must undergo.

- **Treat all persons with respect and dignity.**

When communicating and working with the person, ensure that your actions and words are respectful and not discriminatory. Let the person feel accepted and welcome.

- **Protect the person from any form of discrimination.**

Report any case of discrimination that the person may have experienced. Moreover, it is also essential to inform the persons about their rights based on the various legislation related to discrimination. This will help them protect themselves from any form of discrimination.

1.4.3 Mental Health Acts

Specific mental health laws also protect the rights and dignity of people with mental illness across Australia. Here are the respective Mental Health Acts (MHAs) for each jurisdiction in Australia:

State/Territory	Mental Health Act
New South Wales	Mental Health Act 2007 No 8
Victoria	Mental Health Act 2014
Queensland	Mental Health Act 2016
South Australia	Mental Health Act 2009
Western Australia	Mental Health Act 2014
Tasmania	Mental Health Act 2013
Australian Capital Territory	Mental Health Act 2015
Northern Territory	Mental Health and Related Services Act 1998

These Mental Health Acts allow the compulsory mental treatment of people living with acute psychiatric illness. Compulsory mental treatment means that people may be given treatment without their consent. This is only given if the person seriously harms themselves and others. Mental Health Acts also outline the rights and protections of people with mental illness and their carers and families.

One of these Mental Health Acts is the Mental Health Act 2014. This Act came into effect on 1 July 2014. Whilst it authorises compulsory treatment in certain circumstances, the Act aims to promote recovery-oriented practice, minimise compulsory treatment, and protect and support the rights of people with mental illness.

These include rights to:

- Make advance statements, which are the preferred treatment options and strategies set by the person for future care
- Communicate privately with people outside a mental health service, including lawyers specifically, and have visitors
- Nominate support people who can receive information and support decision-making
- Request second psychiatric opinions
- Be given a statement of rights when being assessed or having an order made about their treatment for mental illness

Based on [Introduction to the Mental Health Act 2014](#), used under CC BY 4.0. Victoria Legal Aid

The provisions of legislation must be reflected in your organisation's policies and procedures and be the basis of your work practices. This means that you must do the following:

- Perform your work role following the key provisions of the legislation.
- Ensure that actions, behaviours and words are in accordance with the provisions of the legislation.
- Protect the person from people and situations that will breach their rights based on the existing legislation.



Further Reading



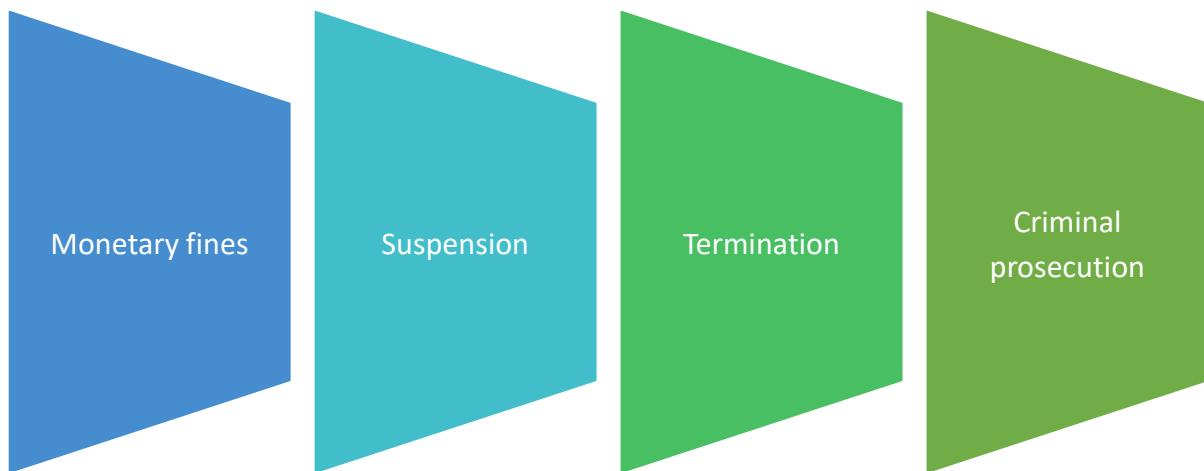
Learn more about the rights of people with mental health issues stated in the Mental Health Statement of Rights and Responsibilities through the link below.

[Mental health statement of rights and responsibilities 2012](#)

Consequences of Breaches

When laws and regulations are breached or not complied with, they may cause harm to the person or violate their rights. MHAs in each state or territory are laws. The national and state or territory governing bodies sanction non-compliance with laws. The authority that will address the non-compliance will depend on the type of violation. For example, a national regulatory authority will handle non-compliance with national law.

Non-compliance incidents are monitored and sanctioned by national, state or territory regulatory authorities. Non-compliance may result in penalties such as the following:



In the case of international frameworks, they set requirements for member countries. For example, human rights violations may be investigated by an international judicial body. This is because international agreements, treaties and covenants protect human rights. In these cases, the country with jurisdiction over the case will be required to coordinate and cooperate with international courts. This means that if an organisation violates human rights, it may be investigated at a national and international level.

1.4.4 Policy Frameworks

You and your organisation must always uphold the rights of the person. This means that your organisation must ensure that the organisation's procedures, processes and practices are in accordance with the legal requirements stipulated in the different laws and legislation mentioned in this chapter.

A *policy framework* is the organised documentation of data that informs policies on a certain topic. It comprises all information that guides policies and their related procedures, processes and practices. Depending on your area of work, you may find policy frameworks at varying levels of jurisdiction.

Policy frameworks are vital because they ensure that:

The organisational practices comply with legal requirements

The persons receive the best and most appropriate service

The organisation is governed properly

The policies across the industry are consistent

The organisation takes actions towards continuous improvement

Organisations should refer to relevant policy frameworks as they create policies in workplaces. You and your organisation must follow these policies when working with people with mental health issues.

Here are the different policy frameworks related to mental health services in each state or territory:

State/Territory	Policy Framework
Australian Capital Territory	Strategy and frameworks Legislation and Policies
New South Wales	NSW Strategic Framework and Workforce Plan for Mental Health
North Territory	NT Health strategies Northern Territory Social Outcomes Framework
Queensland	Strategic framework
South Australia	Mentally Healthy Workplaces
Tasmania	Wellbeing Framework - Community Consultation
Victoria	Mental health lived experience engagement framework A new Mental Health and Wellbeing Outcomes and Performance Framework
Western Australia	Mental Health

Importance of Following and Using Policy Framework

Applying policy frameworks helps the organisation and the workers in the following ways:

Ensuring consistency across the organisation

- Policy frameworks outline organisational processes and activities.
- If you do these differently, you risk performing a task inappropriately.
- You also may be doing a task that does not meet the employer's standards.

Setting expectations for the employee and employer

- Policy frameworks serve as a guide for you and the organisation need to fulfil.
- If you do not know how to perform their duties, their knowledge and skills will not be maximised.

1.4.5 Support the Person to Understand and Exercise Their Rights

After familiarising yourself with the various legislation that outline the person's rights, you may now support them in understanding and exercising them. To do so, consider the following:

Inform them of their rights using simple terms and avoiding the use of technical, medical or legal jargon.

Provide them with sample situations to explain each right and its importance to them.

Inform them of the necessary steps to take when they feel their rights are breached.

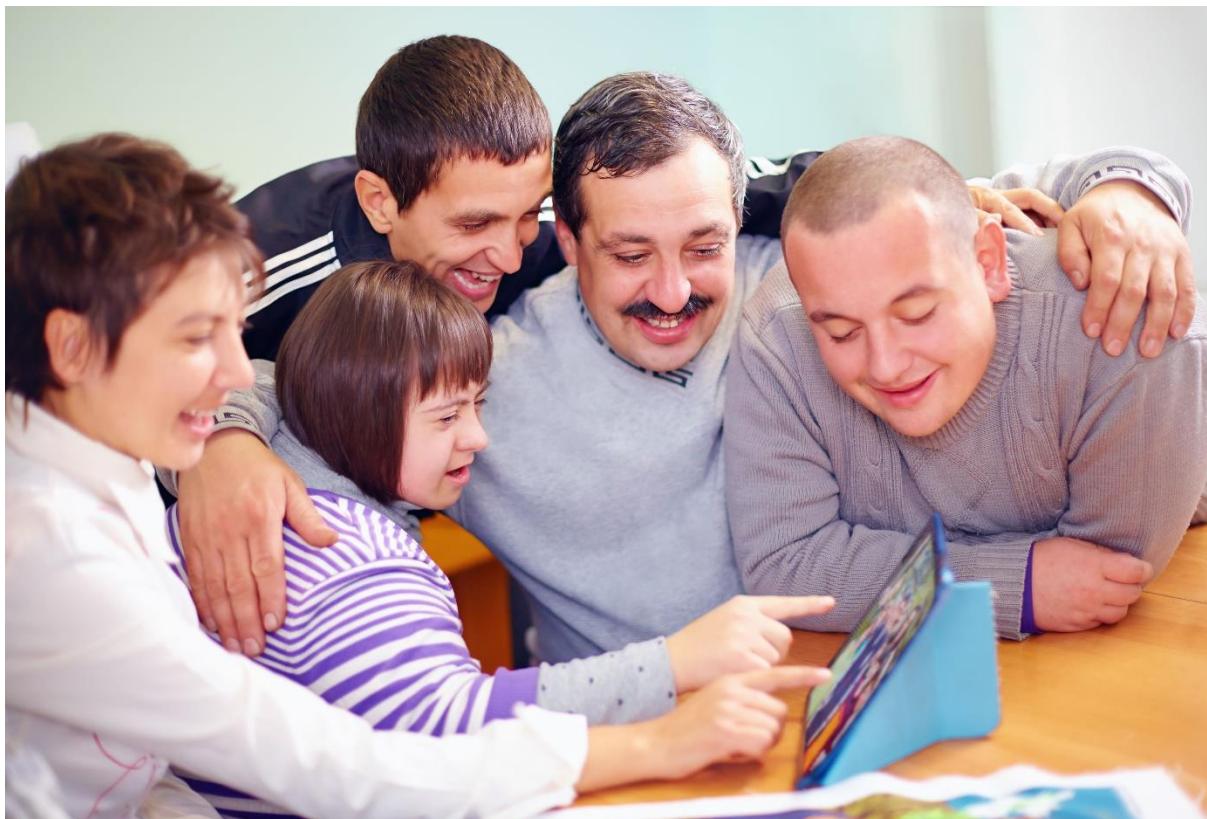
Answer questions about rights in a clear, respectful and discreet way.

Doing these steps can help the persons easily comprehend and exercise their rights. This would aid you in empowering and protecting people from discrimination or oppression.

Checkpoint! Let's Review



1. Each state or territory in Australia has mental health laws to protect the rights of people with mental health illnesses.
2. It is illegal to discriminate against other people based on age, disability, race, religion, sex, and gender.



1.5 Maintain Confidentiality and Privacy of the Person

The person will share different information with you as you work closely with them. The information shared by the persons must be kept confidential and private. Thus, you must know how to manage and keep their information. This means that you should know the following:

What information you must gather

Where you must get the information

To whom the information must be disclosed

You may need to discuss confidential information with those within the person's care network. These are the people who are involved in the person's care. The table below shows who may be included in the person's care network:

People in the Care Network	Description
Case managers	These professionals are in charge of assessing the person's needs and creating a care plan.
Consumers	These are the people who are receiving mental health services.
Family members	These are the people within the person's family who the person has approved to access their care information.
Other service workers	These are people involved in services outside the organisation that the person interacts with as part of their care. These include medical services and recreational clubs.
Other staff	These are other members of the staff in your organisation who are involved in the person's case. These include staff in care facilities or the organisation's administration staff.
Supervisor	This refers to the person in charge of managing specific care workers as they assist the people in their care.

The type of information you can share with others in the person's care network will not be the same for everyone. This still depends on their role in the person's care and what the person agrees to share with them. For example, if you want to refer the person to a psychotherapist, you must inform your supervisor and the person's case manager. However, if the person does not want their family members to know, you do not have the right to tell them. This also applies to others who are not directly involved with this decision, such as those in other services accessed by the person. You must get the person's informed consent before sharing information about them with other care network members. The only exception is if the person cannot consent, such as during emergencies. Informed consent will be discussed further in Section 1.5.2.

Getting the person's consent and only sharing relevant information will ensure that this information will not be misused and is only for official purposes approved by your organisation.

1.5.1 Privacy, Confidentiality and Disclosure



Privacy, confidentiality and disclosure laws protect the information of persons from misuse. *Privacy* refers to the right of individuals to keep personal information free from access by others. *Confidentiality* restricts access to certain information only to people who require the information. You may identify who these people are in the discussion on the previous page. *Disclosure* prescribes how certain information can be shared and distributed to people. Legal compliance requirements protect all three. Privacy, confidentiality and disclosure are generally addressed together in legislation. To find the specific requirements related to each, you must look for the sections corresponding to each in legislation.

Privacy, confidentiality and disclosure are protected by international agreements and conventions, such as the following:

- [Universal Declaration on Human Rights](#)

This document lists the different rights that must be guaranteed for every individual. Australia upholds these rights for its citizens as a member of the United Nations. One of the rights listed in this declaration is an individual's right to privacy.

- [International Covenant on Civil and Political Rights](#)

This covenant elaborates on individuals' civil and political freedoms listed in the UN Declaration on Human Rights. The right to privacy is included in these guaranteed rights.

- [APEC Privacy Framework](#)

The Asia-Pacific Economic Cooperation (APEC) is a collaboration that aims to improve economic integration among its 21 member countries. As part of APEC, Australia is bound to the rules of its privacy framework. This framework protects people's privacy in economic activities within APEC member countries.

In most countries, data protection and privacy laws are implemented to protect the rights of individuals.

Further Reading



Learn more about data protection and privacy legislation through the link below.

[Data Protection and Privacy Legislation Worldwide](#)

The Privacy Act 1988 discusses privacy, confidentiality and disclosure. This law sets principles that govern how an organisation does the following:

Collect and use the personal information of employees and persons

Ensure accountability for misuse of information that they collect

Ensure accuracy of information they collect

Provide employees and persons with access to their own information and that of others

States and territories also apply their own privacy laws. These are based on national legislation, such as the Privacy Act 1988.

While privacy, confidentiality and disclosure laws offer information protection, they also have limitations. There are some circumstances where other laws may supersede terms, such as the following:

- The information must be disclosed as part of mandatory reporting
- The non-disclosure of information may lead to harm
- The health and welfare of people involved are at risk
- The information is required for legal processes (e.g. court cases)



Further Reading

You can learn more about confidentiality and privacy laws from the Privacy Act 1988 and its related rules and guidelines.

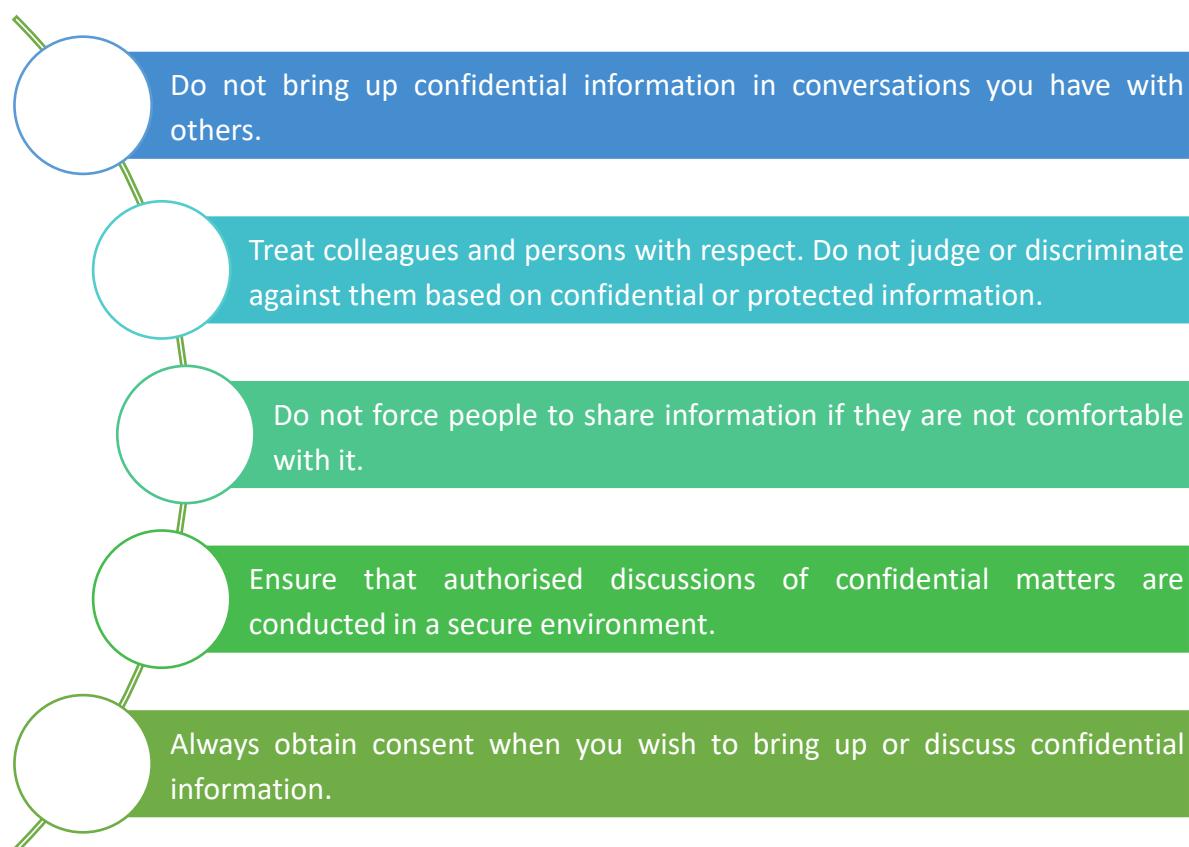
[Privacy Act 1988](#)

Learn more about state or territory privacy laws through this link:

[Privacy in your state](#)

Information you collect and use for operations is subject to privacy, confidentiality and disclosure laws. In relation to these laws, the handling of information in your organisation is governed by ethical principles that guide practice. Privacy, confidentiality and disclosure policies are based on respect for individual privacy and discretion. Each individual has a right to decide what information they share with organisations and know how it is used. Under disclosure, individuals also have the right to decide if their information should be used or shared.

The following guidelines may apply to you and others in your organisation to maintain an ethical practice in relation to privacy, confidentiality and disclosure:



These guidelines may be instituted in policies and procedures to require strict compliance by all workers.

1.5.2 Informed Consent

Informed consent is a concept under privacy, confidentiality and disclosure relating to the actions and steps an organisation must perform before using the information provided by individuals. Under informed consent, you may only use personal information after informing and discussing your intent with the people involved and getting their clear and documented consent.

Informed consent is based on frameworks related to data privacy and protection. For example, an international framework related to informed consent is [The Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data \(CETS No. 108\)](#). This ensures the protection of information that was processed using advanced systems. At a national level, informed consent is governed by the Privacy Act 1988 and the Australian Privacy Principles. These principles set out requirements for consent to be valid. Informed consent is also applied in state, territory and local laws through privacy and information laws, regulations, codes and ordinances.

Legally, consent is only sufficient and valid when it meets the following criteria:

Consent must be informed.

- Consent is only valid if the person giving consent is aware of the related consequences.

Consent must be voluntary.

- People must not be forced to give their consent.

Consent must be current and specific.

- Consent is only limited to the specific purpose requested and discussed, and should not be assumed as granted for other purposes.

Consent must only be given by capable people.

- The person giving consent must be sufficiently capable of giving consent.

Based on [Consent to the handling of personal information](#), used under CC BY 3.0 AU.

Office of the Australian Information Commissioner website — www.oaic.gov.au

Further Reading



The Office of the Australian Information Commissioner sets guidelines for consent in handling personal information. Follow this link to learn more about the different types of consent, who can give consent, and how consent must be given:

[Consent to the handling of personal information](#)

The legal requirements concerning informed consent dictate your actions when obtaining consent.

Aside from achieving these requirements, your organisation also has corresponding ethical responsibilities such as:

Ensuring that the person involved completely understands what they are consenting to and why

Practising due diligence in providing the person involved with all the information they need to give consent to

Refusing to proceed if there is enough reason to believe that the person involved is incapable of giving informed consent

In the workplace, you may encounter situations where you need to obtain informed consent from persons, such as:

- For certain activities and programs to be implemented by the organisation
- For the use of a person's personal information

In these cases, always remember to apply your ethical responsibilities in performing work. For an organisational approach, you must require the same ethical standards from all employees by implementing the necessary policies and procedures for informed consent.

To comply with the requirements of informed consent when handling information, you must:

- Inform the person involved of the purpose of using the information
- Tell the person involved about the ways the information will be used
- Inform the person concerned about who will have access to their information
- Answer questions and clarify misunderstandings that the person involved may have
- Obtain the written consent of the person allowing you to use the information

Checkpoint! Let's Review



1. Privacy, confidentiality and disclosure laws protect the information of persons from misuse.
2. States and territories also apply their own privacy laws. These are based on national legislation, such as the Privacy Act 1988.
3. *Informed consent* is a concept under privacy, confidentiality and disclosure relating to the actions and steps an organisation must perform before using the information provided by individuals.



Learning Activity for Chapter 1

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

II. Determine the Needs of People With Mental Health Issues



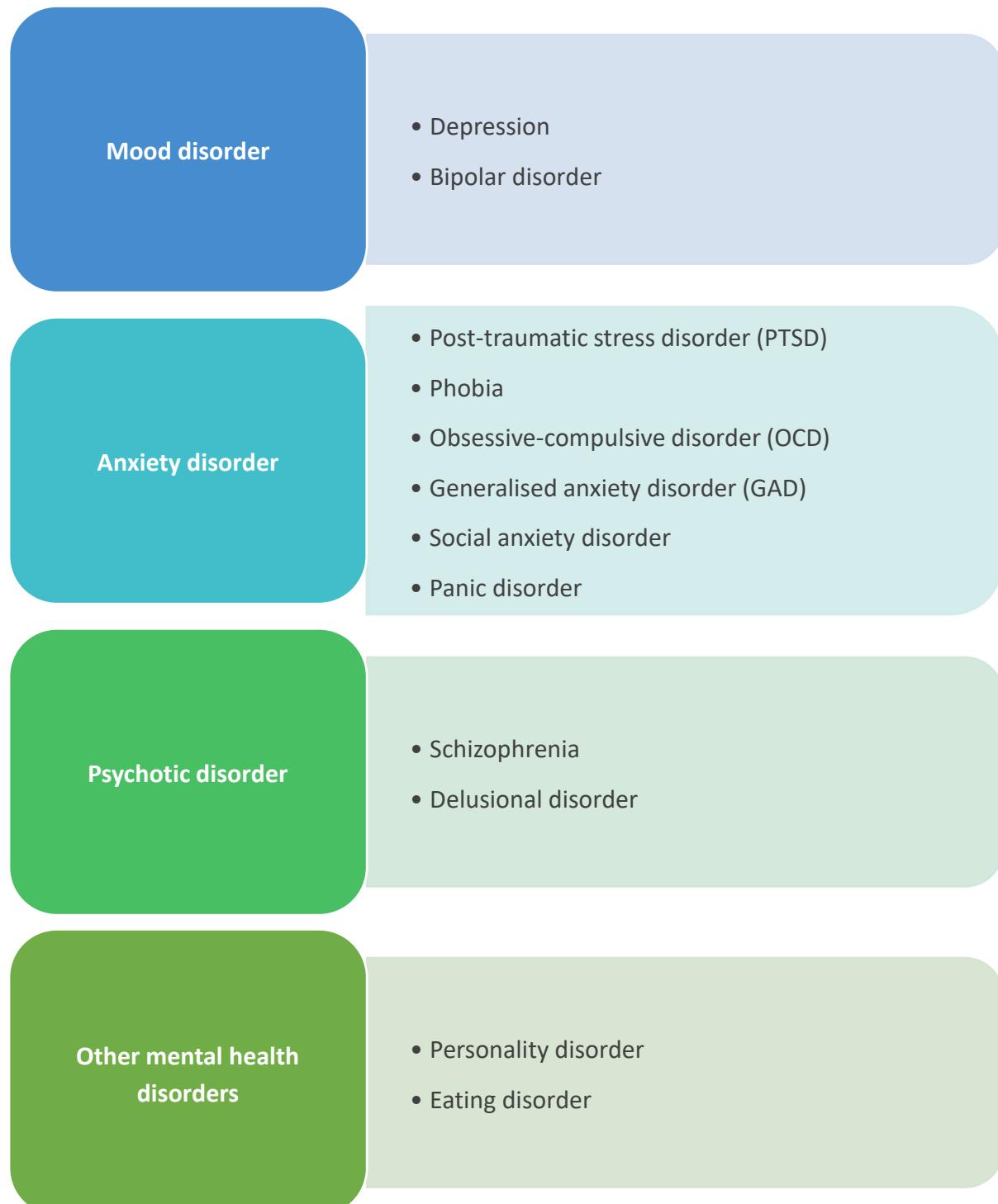
A *need* is something that is deemed necessary to get a satisfactory life. The person receiving mental health support has needs that must be satisfied. Therefore, you must be able to identify their needs as you work with them. Identifying their needs will help you discern the types of services, strategies and other supports that are best for them.

Types of Mental Illness

This learner guide does not cover the full range of mental illnesses. Instead, its goal is only to make you aware of the primary and most common disorders. You need basic knowledge of these common disorders to help the people in your care. A general idea of what they may be going through will help you identify their needs. For example, knowing that depression makes a person more prone to anxiety gives you the idea that a person with depression may need help managing anxiety symptoms.

The Australian Human Rights Commission promotes and raises awareness of human rights, including those of people with mental health issues.

Here are some of the main and common types of mental illness:



▪ **Mood disorder**

○ **Depression**

Depression is characterised by a continuous low mood or lack of energy for a long time. People who suffer from this lose interest in their daily life. This impacts their ability to do day-to-day tasks.

The main indication that a person may have depression is a significant change in their behaviour, such as:

Feeling tired and fatigued

Getting easily angry and frustrated with tasks or people

Drinking more alcohol to cope with other symptoms of depression

Feeling more vulnerable to stress and anxiety

Making statements of self-worthlessness (e.g. 'I'm a failure', 'I'm useless')

○ **Bipolar disorder**

People with this long-term disorder experience extreme mood swings. These changes involve periods of extreme lows (depression), extreme highs (mania), and normal mood.

The main indicator that a worker may have bipolar disorder is a significant behaviour change.

When a person with bipolar disorder is in a high mood (mania), they may show:

- A dramatic change of personality, such as being very loud, talking fast and rushing from one topic to another, making little sense
- Extraordinary levels of energy, productivity and creativity in what they do

When a person with bipolar disorder is in a low mood (depression), they may:

- Feel fatigued
- Get angry easily and frustrated
- Become more easily stressed and anxious

- **Anxiety disorder**

An anxiety disorder is not just feeling stressed but a serious illness affecting a person's ability to function. It is more severe, longer lasting and significantly affects work and personal relationships. There are several types of anxiety disorders, such as:

- Post-traumatic stress disorder (PTSD)
- Phobia
- Obsessive-compulsive disorder (OCD)
- Generalised anxiety disorder (GAD)
- Social anxiety disorder
- Panic disorder

- **Post-traumatic stress disorder (PTSD)**

This may occur after a person experiences a distressing or catastrophic event. These events may involve actual or threatened death or serious injury. Witnessing or learning about such experiences from family or close friends may also result in PTSD. It is an anxiety disorder where fear and memories of a distressing or catastrophic event do not disappear.

- **Phobia**

This involves experiencing extreme fear. This results in avoiding certain situations, things, events or places.

- **Obsessive-compulsive disorder (OCD)**

OCD is an anxiety disorder with two symptoms: obsessions and compulsions. Obsessions are unwanted thoughts or urges repeatedly coming into a person's mind. *Compulsions* are repetitive behaviours or rituals that are difficult or impossible for a person to resist.

- **Generalised anxiety disorder (GAD)**

Generalised anxiety disorder is a type of anxiety disorder that involves uncontrollable and persistent worry that affects a person's day-to-day life.

- **Social anxiety disorder**

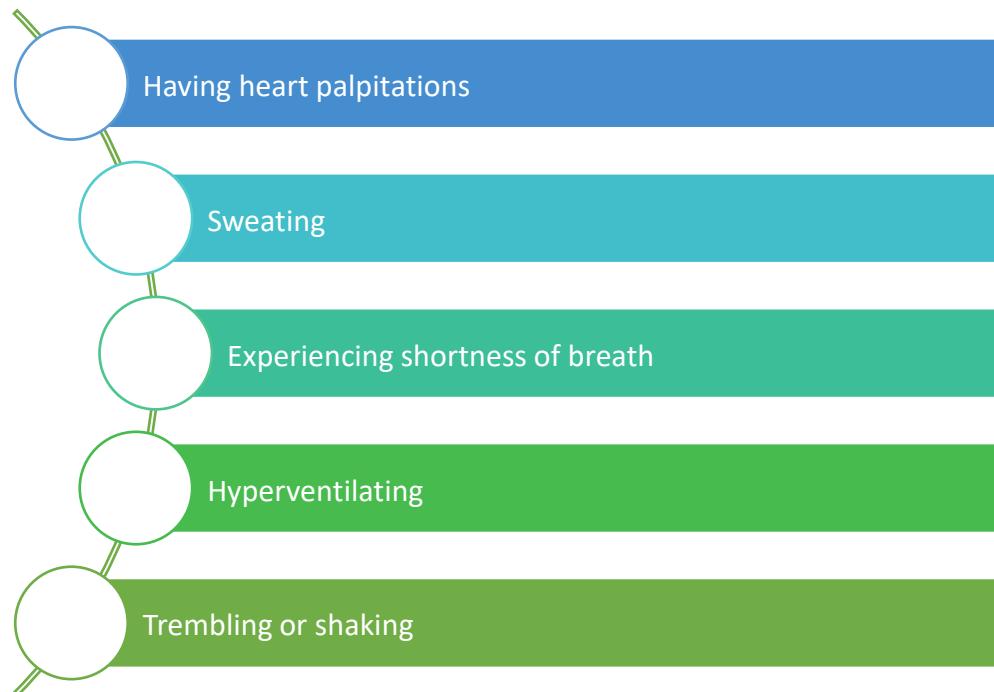
Social anxiety disorder is a recurrent fear of ordinary social situations, such as eating in public or meeting people.

- **Panic disorder**

Panic disorder occurs when a person experiences a lot of panic attacks to the point that it affects their daily life.

The main indicator that a person may have an anxiety disorder is a significant change in their behaviour, such as:

- Having an anxiety attack with physical symptoms, such as the following:



However, you should not forget that these symptoms in a person may also relate to a heart condition.

- Being unusually 'on edge' and restless

■ **Psychotic disorder**

Psychotic disorder is a general term that describes a group of serious but treatable illnesses that affect a person's ability to maintain contact with reality. Examples of psychotic disorders include:

- **Schizophrenia**

This is a mental illness characterised by changes in the mental functioning of a person. The person's thoughts and perceptions become distorted when they have schizophrenia. People with schizophrenia have an altered experience of reality.

The main indicator that a person may have schizophrenia is a significant change in their behaviour, such as the following:

Having poor or no eye contact or staring vacantly into space

Having odd ideas

Talking about things that do not make sense

Acting in an odd manner, such as wearing inappropriate clothes

- **Delusional disorder**

This is previously referred to as 'paranoid disorder'. This involves having delusions that are not bizarre. The delusions may relate to situations that may happen in real life, for example, being attacked or poisoned.

The main indicator that a person may have a delusional disorder is a significant change in their behaviour, such as:

- Having non-bizarre delusions
- Having hallucinations

Based on *Appendix B: Types of mental illness*, used under CC BY 4.0.

© Australian Human Rights Commission 2017.



Further Reading

You may refer to the link below to read about other types of mental illnesses:

[Types of Mental Illness](#)

- **Other mental health disorders**

Other mental health disorders do not belong to those main categories listed previously. These include the following:

- **Personality disorder**

Personality disorder refers to a long-term pattern of thinking, behaviour and emotion that is rigid and unhealthy. A person with personality disorder has trouble understanding and relating to situations and people.

- **Eating disorder**

Eating disorder is a serious mental health condition in which a person has an unhealthy relationship with eating, exercise or body shape.

In this chapter, you will learn how to:

- Interpret information about the person's needs
- Determine services and strategies that support empowerment and recovery
- Support the person to express their identity and preferences
- Work with the person to identify duty of care and dignity of risk considerations



2.1 Interpret Information About the Person's Needs

Needs are based on different factors necessary for a person to function and live. These factors include physiological, personal, or socioeconomic. The persons have needs that must be met and satisfied. Knowing and assessing these needs is vital to see how you can help and assist the person.

The Person's Needs

A person needs various things. These needs are based on different aspects of their lives. Here are the different examples of needs based on the different aspects of the person's life:

Needs	Explanation	Examples
Cultural needs	<p><i>Cultural needs</i> refer to various needs based on a person's social and ethnic identity. Culture, in this context, can refer to how a person identifies themselves and their group. As such, needs can be based on ethnic background combined with:</p> <ul style="list-style-type: none">▪ Sexual orientation▪ Religion▪ Other forms of group identification	Need for a language interpreter or guide

Needs	Explanation	Examples
Disability needs	<p>A <i>disability</i> is a condition that impairs and limits a person's capacity to do specific tasks. Some may be born with it, while some may get it from accidents, illness, or side effects of a medical condition.</p> <p>These needs refer to the needs of people with physical or mental disabilities.</p>	Need for an Australian Sign Language (Auslan) interpreter or need for occupational therapy for someone who has autism
Emotional needs	<i>Emotional needs</i> are conditions a person needs to feel happy, content, or at peace.	Need for validation or praise for someone who suffers from self-esteem issues
Employment needs	<i>Employment needs</i> involve the needs in the workplace. This may also refer to the need for employment or the job itself.	Need for better work-life balance for someone who works long hours
Financial or economic needs	<i>Financial or economic needs</i> are expenditures that are essential for the person to live and work.	Need for financial assistance to buy basic needs for a low-income person
Health needs	<i>Health needs</i> are the needs of people based on their health condition.	Need for a specialised diet to manage a medical condition

Needs	Explanation	Examples
Housing needs	<i>Housing needs</i> refer to shelter or protection from the natural elements outside.	Need for affordable housing to live independently
Legal needs	<i>Legal needs</i> arise when a person requires legal support to resolve problems with a legal dimension.	Need for legal assistance in filing complaints against an employer
Physical needs	<i>Physical needs</i> are the needs associated with body functions.	Need for food and clothing
Spiritual needs	<i>Spiritual needs</i> are associated with finding meaning in one's life. These needs may be specifically religious. But people who do not have religion still have systems of belief that give their lives meaning and purpose.	Need for an accessible place of worship to practice spiritual beliefs
Sexuality	<i>Sexuality</i> is an expression of sexual feelings, thoughts, attractions and behaviours.	Need for confidence in expressing sexual attraction

Gathering and Interpreting Information About the Person's Needs

The person's needs may vary depending on their situation and preferences. You may gather information regarding their needs through customary ways, which include the following:

Interviewing people with mental health issues



Interviewing the person's family, friends or other agreed sources



Gathering data through observation



- **Interviewing people with mental health issues**

You may directly ask the person questions to know their needs. Some of these questions may include but are not limited to the following:

- What activities do they need help with?
- What kind of help do they need?
- What abilities do they lack that affect their social activities? (e.g. mobility and dexterity)
- What are their hobbies?
- What are their strengths?
- What do they want to improve in their skills and abilities?

You can then use the information gathered from an interview to identify their needs. For example, the person mentioned during the interview that they want to become independent and move out of their parents' house. However, this person does not have a job and cannot buy a house. If you analyse and assess this information, you will identify that the person needs employment assistance. This will allow them to find a job and eventually save up to buy a house.

- **Interviewing the person's family, friends or other agreed sources**

You can also get information about the person from their family members, friends or other sources the person has approved. Other sources may include the person's therapist, doctor, and teachers. You may ask them the same questions you asked the person to get information about their needs. You may also seek their advice and recommendations regarding the person's preferences and needs. For example, you interview the person's health provider, and they mention that the person has difficulty communicating verbally. If you analyse and assess this information, you will identify that the person needs access to other forms of communication. This may include non-verbal ways to communicate, such as using sign language.



- **Gathering data through observation**

One of the best ways to get information about a person's needs is by observing them closely. Look at the things that they usually do. Focus on their difficulties. These difficulties will give you information about what activities they need help with and their general needs. For example, during your interview with the person, you observe that they have difficulty reading the document you are presenting. You notice that they squint to see the document. This tells you that they may need help with their vision.

In interviewing the person and other sources, make sure to be discrete and courteous by doing the following:



- **Explain to them what you are trying to find out about and why.**

They must know the objective of the interview. The purpose of the interview is clear: to get relevant information about the person's needs. Learning the interview's aim and essence will engage them more in the conversation. Mentioning the objective before the discussion is also helpful. This allows them to prepare the information that they think will be useful to meet the objective of the interview.

- **Try to find a common interest to talk about to build rapport.**

Rapport means a harmonious relationship in which the people involved understand each other's feelings and ideas and communicate well. Building rapport will allow your interviewee to become more comfortable with you. They will be more open to sharing stories or information with you if they are comfortable.

- **Engage in active listening when they talk.**

Active listening shows that you respect them. Ensure that you show them that you are listening attentively, as this also shows how serious you are with your intentions during the interview.

- **Respect their time.**

Set the schedule of the interview considering their schedule. Ensure to follow the set schedule and do not be late. Following the schedule shows that you value their time and respect them.

Checkpoint! Let's Review



1. To gather information about the person's needs, you may:
 - Interview the person
 - Interview the person's family, friends, or other agreed sources
 - Observe them
2. The person's needs may include and relate to the following:
 - Cultural
 - Disability
 - Emotional
 - Employment
 - Financial or economic
 - Housing
 - Legal
 - Physical
 - Spiritual
 - Sexuality



2.2 Determine Services and Strategies That Support Empowerment and Recovery



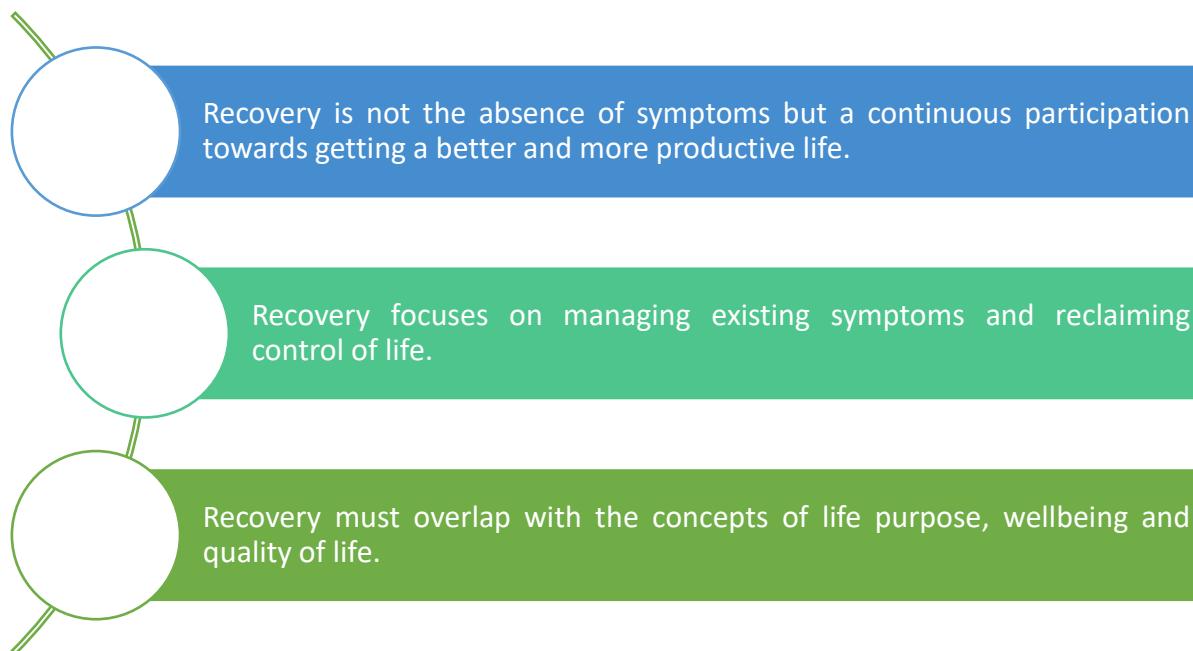
The previous subchapter discussed how you would identify and interpret information on the person's needs. This subchapter will teach you how to determine and discuss services and strategies that better fit the person's needs. These services and strategies must support the person's empowerment and recovery.

The concept of recovery is vital in identifying the appropriate services and strategies to support the person. Recovery dictates all decisions about the person's care. This means any service or strategy used on the person must improve the person's mental health. Any help you provide must be focused on the person's recovery.

Recovery

There is a pre-existing belief that people with mental health issues cannot get better. But new perspectives adhere to the principle that people with mental health issues can recover and live a normal and productive life. *Recovery* refers to a person's personal experience or journey to create and live a meaningful life despite their mental health issues. The concept of recovery in the mental health sector is quite broad and complex. The meaning of recovery varies for everyone.

Here are the different key points relevant to the concept of recovery:



For some, recovery means not showing and experiencing the symptoms anymore. However, some people will experience the symptoms throughout their lives. Hence, that definition of recovery will not apply to them. In general, recovery is a continuous process of engaging oneself in activities that improve quality of life. People can still have the symptoms while making significant progress in their recovery. And they can still live a fulfilling life with their symptoms and conditions.

To further understand the concept of recovery, it is also vital to look at these two aspects:

- **Personal recovery process**

People undergo different processes towards their recovery. These processes are unique to everyone. The recovery process may be affected by the following:

- **Person's values, attitudes and expectations**

- **Person's values**

Values guide a person's behaviours and actions. Values also play a crucial role in the decisions and choices one makes. Thus, values affect how a person involves themselves in the recovery process. Some examples of values include independence and open-mindedness. If the person values independence, they will take action to manage their recovery process and take over their decisions. And if they value open-mindedness, they will consider different options, advice and services to help them recover.

- **Person's attitudes**

Attitudes describe a person's way of perceiving something or someone. Attitudes affect how people view themselves, their lives, and their situations. A person with a positive attitude will have a positive outlook too. A positive outlook or sense of optimism will help them assure themselves that they can recover. This helps them become more willing and motivated to engage in recovery.

- **Person's expectations**

An *expectation* is described as a strong belief that something will happen. In the context of recovery, these expectations guide a person's progress in the recovery process. Having expectations mean that the person knows what they are getting into. This also means they know what to achieve or meet in the recovery process. The person needs to set realistic expectations for a successful recovery.

- **Support from family, friends or professionals**

- **Support from family and friends**

Ongoing support from family and friends is vital in the recovery process. They may assist, monitor, and guide people with mental health issues during recovery. Without a strong support system, people with mental health issues may struggle to meet the expectations they set for their recovery.



- **Support from professionals**

Aside from family and friends, support from mental health professionals also affects the personal recovery process. People with mental health issues must know which professionals they should consult. Consulting with the proper health professionals ensures that the recovery process is suited to the situation and condition of the person. The professionals working in the mental health sector may be specialists or generalists.

Here are a few examples of professionals working in the mental health sector:

Profession	Definition or Role
Specialist Mental Health Workers	
Psychiatrist	A psychiatrist is a medical practitioner who has completed specialist training in diagnosing, treating, and preventing mental illness and emotional problems.
Mental health nurse	A mental health nurse is an enrolled or registered nurse that indicates their principal area of work is mental health.
Psychologist	A psychologist is an allied health practitioner who is trained in human behaviour. They may give a diagnosis, assessment and treatment of mental illness. The treatment may be done through psychological interventions.
Mental health occupational therapist	An occupational therapist supports people whose health or disability impacts their day-to-day life and function.
Generalist Mental Health Workers	
General practitioners	General practitioners are often the first to be engaged in managing mental illness and serve as a gateway to specialist mental health professionals. Family doctors are examples of general practitioners.

Profession	Definition or Role
Generalist Mental Health Workers	
Paramedicine practitioners (paramedics)	Paramedics are the first responders to mental health crises.
Social workers	Social workers assess the social needs of individuals, families, and groups and assist and empower people to develop and use the skills and resources needed to resolve social and other problems.
Counsellors and psychotherapists	Counsellors and psychotherapists work with people to help them identify and define their emotional issues through talking therapies.

Based on [Australian Institute of Health and Welfare material](#).
[Workforce](#), used under [CC BY 4.0](#)

- **Recovery-orientation of mental health service**

The recovery orientation of mental health services is the ability of a service or system to provide care. Section 2.2.1 will discuss the recovery orientation of mental health services in more detail.

The personal recovery process and recovery orientation of mental health services are linked. Recovery-orientation of mental health services serves as a support to aid the personal recovery process. The support provided by mental health services will increase the individual's chances of better recovery outcomes.

There may be different concepts about recovery, but it all sums up with the idea that appropriate recovery processes lead to a person's productive and fulfilling life. Because of the importance of recovery in the lives of people with mental health issues, policies and plans in Australia put a greater emphasis now on recovery.

The table below shows some of the policies and plans that prioritise recovery.

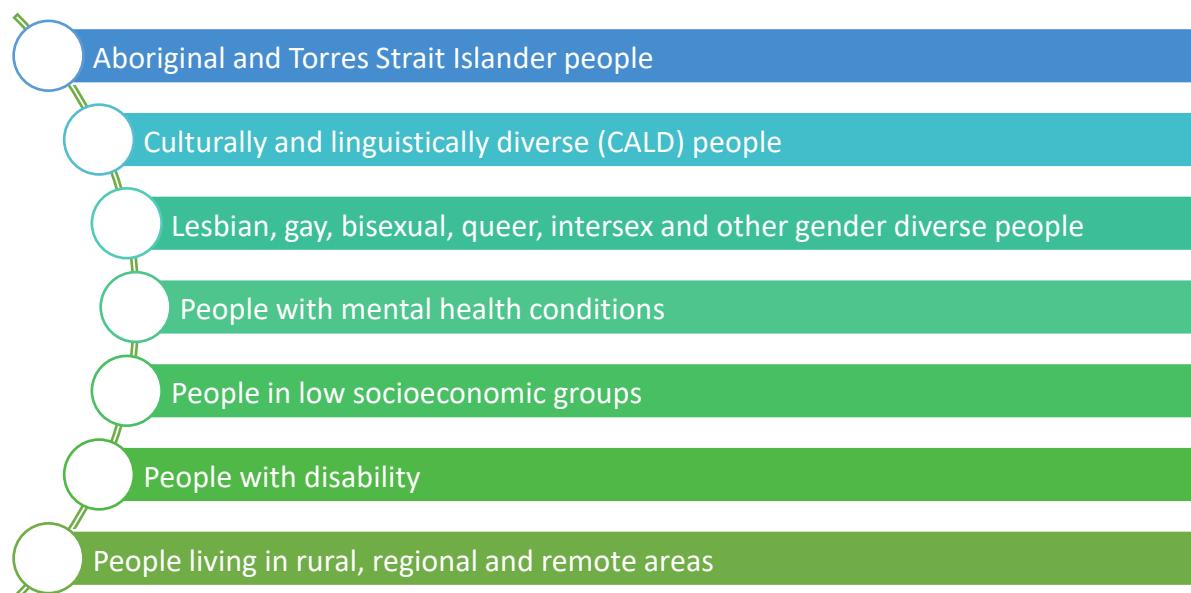
Policies and Plans	Statements Related to Recovery
National Mental Health Policy 2008	One of the aims of this policy is to promote recovery from mental health problems and mental illness.
National Standards for Mental Health Services 2010 and implementation guidelines	Section 10.1 of these standards states the incorporation of recovery-oriented values and principles in service delivery, culture and practice.
National practice standards for the mental health workforce 2013	Recovery is prioritised in Standard 2: Working with people, families and carers in recovery-focused ways.

Health Promotion and Prevention



The primary goal of any mental health system is to prevent disease and keep people healthy. Health promotion is a broad term focusing on preventive health rather than treatment or cure. *Preventive health* means avoiding the root causes of ill health. Preventive health activities prioritise groups based on risk factors. Different societal groups experience social inequalities and disadvantages, resulting in health inequity. *Health inequity* is the unjust and avoidable differences in health status. It is crucial to evaluate the needs of various groups and design programs, activities, and policies accordingly to address these inequalities in health risk factors.

The National Preventive Health Strategy refers to these groups of people as priority populations, including the following:



*Based on Australian Institute of Health and Welfare material.
Health promotion and health protection, used under CC BY 4.0*

These general health promotion and prevention are reflected in the mental health sector through the Mental Health Promotion and Prevention:

- **Mental health promotion**

Mental health promotion promotes awareness and understanding of mental health problems and mental illness to reduce stigma and discrimination. It involves services and programs that give individuals more control over their mental health and the factors that influence it, thereby enhancing their mental health. Mental health promotion includes services and programs which aim to do the following:

- Raise awareness of mental health issues
- Improve mental health literacy
- Reduce stigma and discrimination
- Maximise the population's mental health and wellbeing

Based on Australian Institute of Health and Welfare material. Mental health promotion, used under CC BY 4.0

The focus of mental health promotion is separated into three levels: individual, community and structural. Here are the different focuses on mental health at each level:

Levels	Description of the Focus of Mental Health Promotion at Each Level
Individual	Mental health promotion on the individual level focuses on increasing an individual's capacity to cope with life transitions and stresses through developing their skills and self-esteem.
Community	Mental health promotion on the community level focuses on building community health environments that foster supportive social networks.
Structural	Mental health promotion on the structural level focuses on ensuring public policies address mental health and wellbeing.

- **Prevention of mental illness**

Research shows that mental illness can be prevented. Based on '[A review of the strongest and most up-to-date evidence on the primary prevention of mental health conditions](#)', mental health conditions can be prevented with effective prevention intervention strategies. This evidence review is prepared for The Victorian Health Promotion Foundation (VicHealth) by Prevention United. VicHealth focuses on promoting good health and preventing chronic disease in Victoria.

Studies like this one also point out that lowering risk factor exposure and increasing exposure of individuals to protective factors help prevent mental illness. Studies like these also point out that:

- Risk factors increase the likelihood of a person having mental health issues
- Protective factors reduce the possibility of a person having mental health issues

The table below presents examples of risk factors and protective factors.

Risk Factors	Protective Factors
<ul style="list-style-type: none"> ▪ Drug and alcohol use ▪ Unemployment ▪ Homelessness 	<ul style="list-style-type: none"> ▪ Having opportunities to participate in their communities fully ▪ Having timely access to high-quality care appropriate to their needs ▪ Building strong social networks within the community



Further Reading

You may refer to the link below to read information about the role of the Australian government in promoting mental health and preventing mental illness, as discussed in the Mental Health Statement of Rights and Responsibilities:

[Mental health statement of rights and responsibilities 2012](#)

Empowerment or Disempowerment

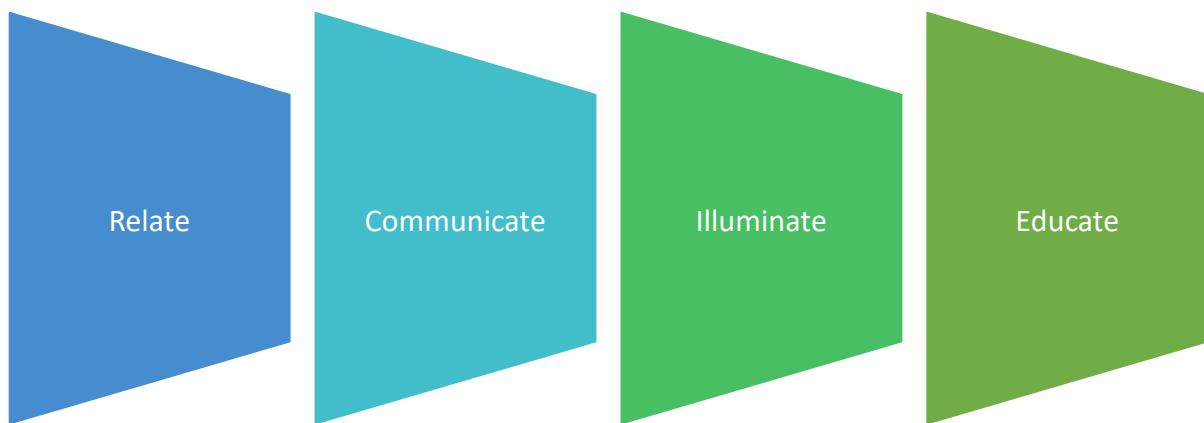
Empowerment means enabling or giving people the power and authority to control their lives. For some, it means making people realise they can take action and decide for themselves. This is crucial since the decisions they make can direct their recovery path. Different people need different kinds of support to be empowered. For example, child persons will need hands-on assistance.

On the other hand, elderly adults will need more social support. It is important to make care decisions that will empower the person regardless of the state of their mental health. You must provide services and use strategies that give them as much power over their lives as possible.

Empowerment involves:

- Giving the person support in terms of skills, resources, authority and opportunity
- Motivating the person to meet their needs and aspirations
- Allowing the person to be responsible and accountable for the outcomes of their actions and decisions

There are four principles of empowerment:



- To **relate** means to accept a person for who they are. It involves willingly understanding someone else's feelings and experiences.

When support worker relates to people with mental health issues, they show them that others understand them. They also show that others appreciate the person. This encourages them to speak up and build connections with others.

- To **communicate** means to give a person support and confidence through words. It involves spending time beyond what is required to fulfil primary duties.

When support workers communicate with the person, they sincerely believe in them. This belief means believing in the person's strengths and capabilities.

- To **illuminate** means to instil greater knowledge and understanding in someone receiving support. It involves giving honest feedback and guidance on how a person can become empowered.

When a support worker illuminates the person, they allow the person to take control. This means allowing the person to make appropriate decisions and actions.

- To **educate** means to give clear instructions to a person. It involves helping the person become aware of their rights and options.

A support worker who educates the person may need to explain legal provisions. The worker may do so by providing contact information for advocacy groups.

Applying these principles in your approaches ensures that you are empowering the person. Specifically, you may do this by:



Based on [What is empowerment?](#), used under CC BY 4.0. © State of New South Wales NSW Ministry of Health.
For current information go to www.health.nsw.gov.au.

Empowering the person ensures that you give them the authority to direct their recovery. Once you allow them to get involved in the decision-making process, you also increase their engagement with the recovery. Moreover, you are growing the person's confidence to manage their own lives, aiding them in becoming independent by empowering them.

Meanwhile, *disempowerment* means preventing people from having power, authority, or influence. This involves acts that hinder people from succeeding in life. Because of disempowerment, people with mental health issues feel hopeless and helpless. These feelings result in them becoming too dependent on others. Examine the following example to understand disempowerment:

John is 24 years old and was clinically diagnosed with depression. John wanted to be employed to save money and achieve his goal of buying his own house. Unfortunately, he faced difficulties in looking for employment since the employers he applied to believed that people with depression were incapable of working and taking responsibility. Because of this, John was forced to quit achieving his goal.

This situation shows how John lost his chances to achieve his goal because of the people's prejudices against him and his condition. Prejudice and discrimination often lead to disempowerment. There will be a separate discussion on prejudice and discrimination in this learning guide.

Disempowerment affects the recovery process of the person. Thus, you must ensure that your words and behaviours do not disempower the person. Some of the examples below show statements that may disempower the person. Make sure to avoid the following:

Statement	Rationale
'If I were you, I would do that differently.'	This phrase shows that you want to control and influence the decisions and choices the person will make. Allow them to assess situations and make decisions on their own.
'That is a difficult task. I will do that for you.'	This phrase shows that you do not trust the person. You are hindering them from maximising their full potential and exploring different things.
'See, I told you so.'	This phrase is usually said after a person fails at something. Do not use this to the person because this implies that you expect them to fail, and you are right with that expectation. This will make them fearful of making future decisions.

Aside from looking out for your words and language, you may also employ these strategies to address issues that may hinder the person's empowerment:

- **Be supportive.**

To empower a person, make sure to support the person so that it will not make them overly dependent on you or other people. Ask the person what they would like to do rather than tell them.

- **Establish trust between you and the person.**

Communicate with the person on the challenges they face daily. By establishing trust and communication, the person will find sharing what challenges them more quickly. Doing so allows those challenges to be addressed for the person to be empowered.

- **Recognise and respect the social and ethnic identity of the person.**

Cultural needs are based on a person's social and ethnic identity. To empower a person, you must be able to respect the multiple identities of the person. Doing so will help the person feel more at ease and empower them to be more independent. Cultural needs will be further discussed in Subchapter 2.1.

- **Encourage the person to interact with others.**

Encourage the person to participate in their social and community interactions. By interacting with other people, they can boost their confidence. The person can also be empowered to take further initiative to socialise with others.

- **Educate the community of the person on diversity.**

The person's community must be open and willing to embrace different cultures, disabilities, and ages. This, however, takes some time and education. Many people may be misinformed or uneducated about people's abilities to receive support. This lack of information leads to their discrimination. As such, inform others in the community how they can properly talk and interact with people who require support. Doing so may lessen the stereotypes and prejudices against them.

- **Consider opportunities for education and work for the person.**

Education and work can provide people receiving support a chance to contribute to society. They are essential to a person's empowerment. Education and work help persons live independently and promote their inclusion with others.

Early Intervention

Early intervention means supporting and assisting those at risk for mental health issues. Early recognition of mental health issues, together with immediate intervention and support, lowers the severity, duration and recurrence of mental illness. Different services and strategies focusing on early intervention can improve the chances of a person's recovery. This is because you can provide support before their issues get any worse. Early intervention can benefit different groups, including:

- Identified at-risk populations
- People experiencing a mental health problem or mental illness for the first time
- People experiencing early indications of a relapse or recurrence of the illness

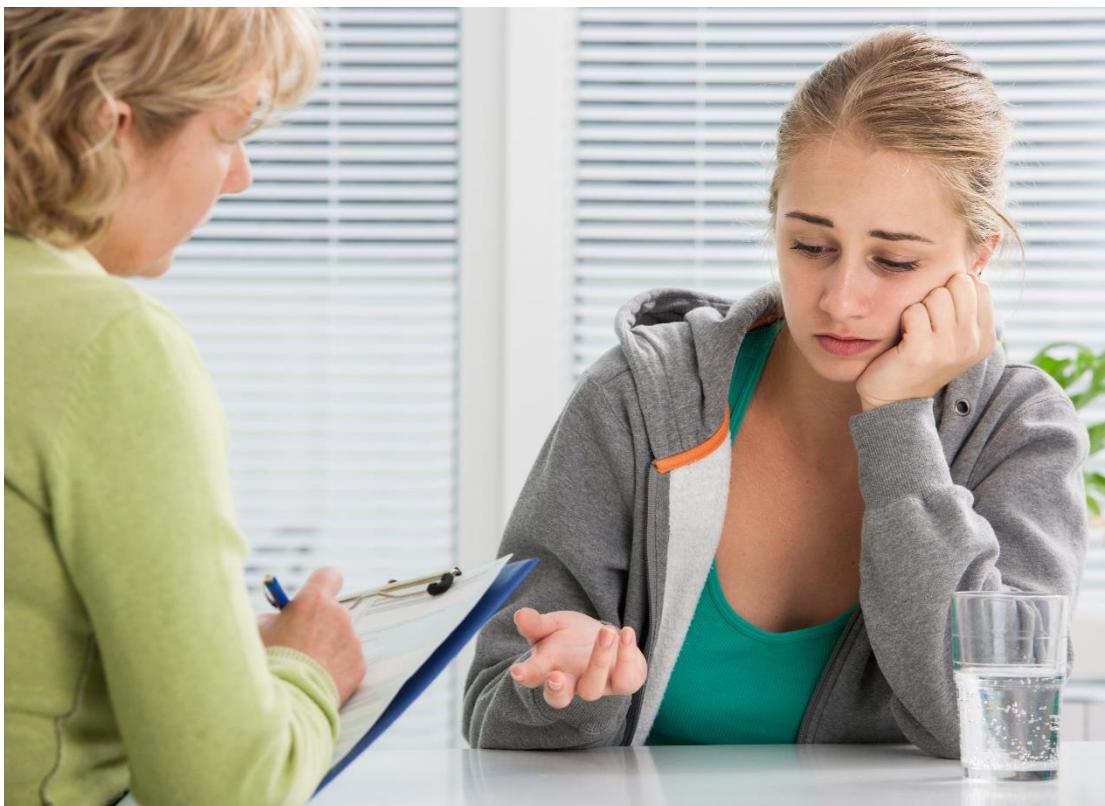


The main goals of early intervention are to:

- **Prevent the development of emerging signs and symptoms into a diagnosable disorder**

Like other diseases, mental illness also has different warning signs and symptoms. These may vary from person to person or from one condition to another. Some of the symptoms of the various mental illnesses were discussed in the earlier parts of the learning guide. Recognising these symptoms early on will prevent them from becoming diagnosable.

Health professionals play an essential role in this part. They may conduct initial assessments and process referrals for early interventions if necessary.



- **Lessen the impact of mental illness on people**

The intervention also focuses on preventing worsening conditions of those with the first episodes of mental illness. The goal is to prevent them from experiencing the adverse impacts of mental illness and progressing their condition to serious mental illness. Examples of serious mental illness include major depressive disorder, schizophrenia, and bipolar disorder.

- **Impacts of mental illness**

The Australian Institute of Health and Welfare listed suicidality and comorbidity as mental illness impacts. Here is a brief discussion:

Impact	Facts and Definition
Suicidality	Suicidality encompasses suicide plans, attempts, and ideation. And this is more prevalent for people with mental illness than those with no mental illness. Based on the 2007 National Survey of Mental Health and Wellbeing, almost 1 in 12 (8.6%) people who reported a mental illness in the preceding 12 months reported being suicidal in this period too.
Comorbidity	People with mental illness are more likely to develop comorbid physical illness (e.g. diabetes, heart and vascular diseases) and tend to die earlier than the general population. This is particularly true for those who have a serious mental illness. In the 2007 National Survey of Mental Health and Wellbeing, approximately 3.2 million Australians reported having a mental health condition. Around 60% of these people also reported having a physical health condition.

*Based on Australian Institute of Health and Welfare material.
Prevalence and impact of mental illness, used under CC BY 4.0*

Early intervention focuses on the following:



- **Treatment**

Delay in treatment may result in severe consequences. This happens if there is a long time between experiencing and showing signs and symptoms and receiving the appropriate treatment. Therefore, the main aim is to provide the most effective and suitable treatment to people exhibiting signs and symptoms as early as possible.

Examine this situation showing how early treatment is vital:

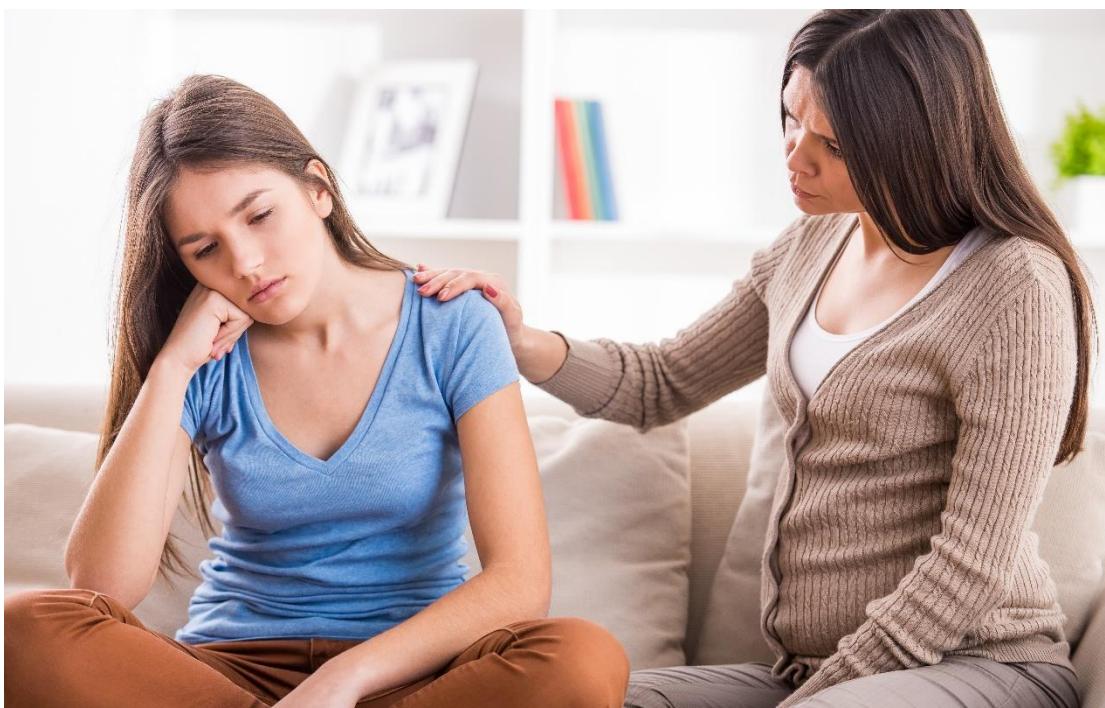
Joy showed signs and symptoms of having anxiety disorder when she was just 14 years old. She and her parents ignored these symptoms. Seven years from the onset of these signs and symptoms, Joy struggles to interact with others, suffers from low academic performance and is at risk of having depression.

This shows how ignoring the symptoms and not having appropriate treatment early on worsen the condition of people with mental health issues. If the condition is left untreated, recovery might be longer and more difficult.

- **Continuing care**

This is an intervention provided to people experiencing a recurrence of symptoms or if their symptoms continue to emerge. The focus of this intervention is on active and ongoing care management. This aim is to avoid the recurrence of symptoms and support the fullest possible recovery.

This intervention includes support programs and rehabilitation. The rehabilitation is focused on vocational, educational and social training.



The case study below shows how continuing care can be applied.

Jam

Jam is a 19-year-old cashier at a fast-food restaurant. She worked busy evening shifts and would often encounter angry customers. Due to this, she started feeling symptoms of severe anxiety and would feel too afraid to leave her house. She decided to seek help for her anxiety. She worked with a therapist until she could control her negative thoughts and fears.

However, Jam continued isolating herself from everyone and did not return to work after the treatment. She was afraid her anxiety would worsen again if she returned to her old job. Since some of her symptoms continue to appear, she was advised to attend a group recovery program. She interacts with people and support workers in the program. This helps her to avoid isolating herself. The program also provides vocational training, which allows her to improve her skills for possible future employment.

This intervention shows a continuous approach to helping the person. This intervention prevents the recurrence of symptoms and promotes recovery.

The policies and conceptual framework for early intervention are outlined in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 with its companion document, Promotion, Prevention and Early Intervention for Mental Health: A Monograph.



Further Reading

You may refer to the link below for to read more about promotion, prevention and early intervention.

[Chapter 7 – Promotion, prevention and early intervention](#)

Citizenship



This principle relates to an individual's social and community life. *Citizenship* refers to being earnestly involved with one's local community. This focuses on the participation of people with mental health issues in society. Social engagement and community participation are vital to mental health. Thus, people with mental health issues must be included in social and community networks or activities.

Citizenship intersects with a person with mental health issues' rightful place in their communities. A *rightful place* in the community refers to the right to participate. This means they should be supported to take an active role in their communities. Understanding citizenship gives you a better idea of how to empower a person through community involvement. This will help you identify community-based services that the person can join. It will also help you identify strategies that help build the person's feeling of belonging in a community.

The following ideas govern citizenship:

People with mental health issues are capable of making significant contributions in the society, regardless of the presence or absence of symptoms of mental illness.

Recovery requires supportive relationships, meaningful opportunities and community engagement.

2.2.1 Services That Support Empowerment and Recovery



There are different services that a person can access to empower them and help in their recovery. These services include mental health services outside of what you can provide.

Counselling

Counselling provides the person with strategies that they may use to help regulate their own mental health. It also provides the person with a safe outlet to express their thoughts and feelings.

Below are some examples of counselling services and how the person can access them:

Services	Description	How to Access
Australian Counselling Service	They provide subsidised counselling services with professional therapists for individuals in need.	They can be contacted through their website, Australian Counselling Service .
Beyond Blue	This website provides extensive information about available mental health support in Australia.	They can be contacted through their website, Beyond Blue .

Services and Support Beyond Mental Health



The person has various needs, so employing different services is important. The person may need other services to address parts of their life that hinders recovery. For example, the person may be experiencing homelessness. This experience is disempowering to the person, as they may feel at fault for not having a home. Additionally, a lack of safe shelter can set back their recovery significantly. That is why you need to help the person identify and access services that may help meet their other needs.

Here are some basic features of other service options that offer multiple interventions and approaches:

- **Community support services**

These services provide support services to individuals, groups and families that increase their quality of life. Some examples include child and family services, youth services, counselling services, group rehabilitation programs, housing support, refugees, and other social assistance and welfare services.

Here are some examples of community support services and how the person can access them:

Services	Description	How to Access
Family Services Australia	They work to support families in New South Wales and Queensland in building relationships and connecting with their communities.	They can be contacted through their website, Family Services Australia .
Aged & Community Care Providers Association	This is the national association for aged care providers and related community services.	They can be contacted through their website, Aged & Community Care Providers Association .

- **Education and training services**

These services provide financial support to individuals to assist them with costs while they finish school, undertake tertiary education, or undertake an Australian apprenticeship or traineeship.

Here are some examples of education and training services:

Services	Description	How to Access
Distance education services	These services offer continuous education for individuals who cannot access traditional or face-to-face education.	The person can search for distance learning options through their state or territory's Department of Education website.
Technical and further education (TAFE) colleges	These colleges provide vocational or technical training in partnership with different industries.	The person can search for TAFE courses they may take through their state or territory's Department of Education website.

- **Financial support services**

Financial support services offer payments and aid for individuals experiencing severe financial hardship, recovering from a disaster, or needing special financial assistance. Here are examples of financial support services:

Services	Description	How to Access
National Debt Hotline	They offer free counselling services for people struggling with debt.	The person can call 1800 007 007 to speak with a financial counsellor from Monday to Friday from 9:30 am to 4:30 pm.
The Salvation Army	They offer financial assistance for those experiencing a sudden money-related crisis.	The person can visit the Salvation Army's Financial Assistance page to identify the number to contact.

■ Employment services

These services are the primary points of contact for unemployed workers. These services have important responsibilities to ensure unemployed workers are placed in suitable and safe work for the dole places. Additionally, providers are responsible for ensuring unemployed workers' personal circumstances, such as their mental health issues, are considered to place them in suitable and safe workplaces. Here are some examples of employment services:

Services	Description	How to Access
Workforce Australia	These services help individuals seeking employment, work support, or training.	The person can visit the Workforce Australia website to find the necessary services.
Disability Employment Services	These services help people with disabilities find and keep meaningful employment.	The person can visit the Job Access website to find their local Disability Employment Services provider.

■ Housing services

Housing support supports those in need of affordable housing or at risk of becoming or being homeless. These services can help individuals access information, payments and services to help them manage rental payments. For homeless persons, or those at risk of becoming homeless, housing support services can provide short-term counselling, support, and information and assist with accommodation needs. Here are some examples of housing services:

Services	Description	How to Access
Launch Housing	They are a Melbourne-based organisation that provides housing support to disadvantaged individuals in Victoria.	The person can call 1800 825 955 for assistance regarding housing and other issues associated with homelessness.
Link2Home	They offer financial assistance for those experiencing a sudden money-related crisis.	The person can call Link2Home's hotline at 1800 152 152 at any time of the day.

These services may not be available in your organisation or workplace, so it is crucial to gather and review information on these services to understand better their implications and how they may help the person.

Access and Equity



When providing support and services to the person, you must adhere to the values and principles of access and equity.

Access implies fair and equitable access to services in areas essential to achieving and maintaining social, cultural and economic wellbeing. Meanwhile, *equity* implies the distribution of economic, social and political resources in ways not restricted by age, gender, race, and the like. Access and equity in the mental health context ensure that every person is treated fairly in treatment and practice. The value of access and equity lies in addressing the issues encountered by people from non-English speaking backgrounds and minorities. This means that mental health services should be accessible to everyone regardless of race, gender, religion, or economic standing. It also means that services delivered should be fair to all persons.

The principles of access and equity include the following:

- The service has a fair and appropriate allocation of resources for all participants.
- The service has opportunities for all participants without discrimination.
- The service provides fair and appropriate outcomes for all participants to achieve.

Further Reading



You can learn more about access and equity in Australia through this guide:

[Access and Equity](#)

2.2.2 Strategies That Support Empowerment and Recovery

Below are some common approaches used in dealing with people with mental health issues:



This section will describe these approaches and identify the different strategies you can use to apply them.

Recovery Oriented Practice

Recovery oriented practice is a part of Australia's national mental health strategy. In this context, *recovery* means creating and living a meaningful life and contributing to your community, with or without mental health issues. Recovery oriented approach respects each person's goals and choices. It is a holistic and person-centred approach to mental healthcare.

The principles of a recovery-oriented practice include the following:

- Understanding that each person is different
- Understanding that each person should be supported to make their own choices
- Understanding that each person should be listened to
- Understanding that each person should be treated with dignity and respect

When applying a recovery oriented practice, you must do the following:

Support people with mental health issues to have control over their life regardless of their emotional experiences.

See people with mental health issues as an individual and not just focus on their mental illness.

Acknowledge people with mental health issues' individual differences.

Try to understand the person's situation and experience.

Understand that mental health conditions vary significantly from person to person.

Remember that each person's journey is likely to be a combination of achievements and setbacks.

Be optimistic and support people with mental health issues to have a meaningful life based on their choices, goals, strengths and abilities.

Help people with mental health issues build independence.

Sourced from [What is a recovery oriented approach?](#) Used under CC BY 4.0.

© State of New South Wales NSW Ministry of Health. For current information go to www.health.nsw.gov.au.

When doing these, you allow the person to direct their recovery. Guiding and assisting them through this kind of approach also lets you empower them. This would increase the person's chance of making significant progress in their recovery.

When using this approach, it is also important to take note of the language you use with them. You must use language that promotes acceptance, hope, respect and uniqueness. Here are some examples of sentences that you may use for this kind of language:

Language That Promotes Acceptance, Hope, Respect and Uniqueness	Language That Does Not Promote Acceptance, Hope, Respect and Uniqueness
'Wendy is still in the early part of her recovery journey.'	'Wendy is low-functioning.'
'Wendy is exploring more options.'	'Wendy is non-compliant.'
'Wendy is having difficulty taking her medications.'	'Wendy is resistant to her medications.'
'It is quite challenging for me to work with Wendy.'	'Wendy is difficult.'

This type of language focuses on the person instead of their condition. This language does not also judge people. Instead, it incorporates the person's strengths and resources alongside difficulties. You must use this language to avoid discouraging and disempowering the person, which will affect their recovery process.

Here are some strategies that you could use to apply recovery oriented practice:

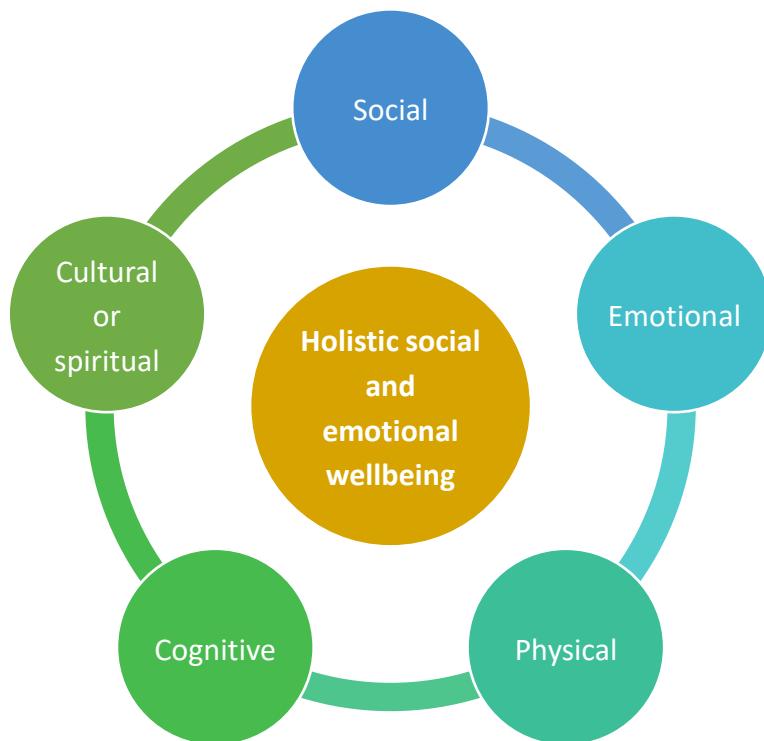
Strategy	Explanation
Assist the person in setting personal goals for themselves.	Meet with the person to discuss what their goals are. Have the person write these goals down as a physical reminder of what they are working towards. Setting their own goals empowers a person to work harder on achieving them. This is because they are the ones who decide on these goals themselves instead of having the goals decided for them.
Emphasise the person's strengths rather than their deficits.	Point out the person's strengths and abilities whenever the chance arises. Avoid placing too much attention on their disorders or their weaknesses. Focusing on strengths will encourage the person and give them the boost they need to work towards their goals.

Strategy	Explanation
Let the person choose the support or treatment they feel best suits their needs.	Provide the person with support or treatment options whenever possible. They are more likely to cooperate with the provided support or treatment if they have a say. Having treatment forced upon them will make them feel disempowered.
Give the person tasks that make them active in their recovery.	Set action items with the person to ensure they are not passive recipients of support or treatment. Doing this will let them feel that they are participating actively in their recovery. This tells them that their recovery is dependent on the effort they put in.
Involve the person's community in the person's recovery.	Encourage the person's family and friends to take an active role in the person's recovery. Encourage the person to keep their family and friends updated on what their goals are and what support they are receiving. Having the involvement of their community gives the person a sense of accountability. It also assures the person that they are not alone in their recovery.
Debrief with the person when they experience a setback.	When something that sets a person back in their recovery happens, discuss it with them. Do not dwell on the negative impact but identify what caused the setback. Then, discuss what can be done moving forward. This helps the person process what happened without getting discouraged by it. This also gives them tools to help themselves if something similar happens again.

Holistic Approach

Mental health involves physical, emotional, psychological and social wellbeing. *Holistic practice* means supporting a person that considers their health and wellbeing. Their mental health needs alone do not define the support they receive.

Here are the five principles and practices of holistic social and emotional wellbeing:



- **Social**

Social wellbeing is the inclusion and belonging of a person in a community. The family, friends, community and the other groups to which a person belongs are great contributors to their social wellbeing. They can give the person support and guidance when needed.

- **Emotional**

Emotional wellbeing is the state where a person can be resilient when faced with normal life changes. A person can show emotional wellbeing through a positive outlook in life and practical coping with stress and challenges.

- **Physical**

Physical wellbeing has a well-functioning body to perform daily tasks. To support a healthier body, one should practice the following:

- Well-balanced diet
- Enough sleep
- Exercise
- Sexual health
- Comprehensive health checks

- **Cognitive**

Cognitive wellbeing relates to how you process information and make judgements. Engaging in creative brain activities and learning new things can boost a person's intellectual wellbeing.

- **Cultural or spiritual**

Cultural or spiritual wellbeing explores those values and beliefs. It gives a person meaning and purpose in life. To know and live these values and beliefs with conviction while considering and respecting others' values and beliefs demonstrates cultural or spiritual wellbeing.

Using a holistic approach will help you provide the person with various pathways to recovery. This approach does not only focus on the illness or condition itself but on the overall wellbeing of the person. This considers various factors, such as the following:

Age	Gender	Culture	Heritage	Language
Faith	Sexual and gender identity	Relationship status	Life experience	Beliefs

You must help the person adjust their lifestyle instead of relying heavily on medications when using this kind of approach. This approach may include the following strategies:

Starting an exercise routine

Doing yoga

Practising meditation

Trying music therapy

Starting journal writing

Observing a healthy diet

Examine the following case below to understand the application of a holistic approach.

Jasmin

Jasmin is a 22-year-old girl diagnosed with depression. She follows an unhealthy eating diet to cope with her condition. As a result, she became overweight. Jasmin lost her confidence and isolated herself because of this.

When she consulted a health professional, the health professional did not ask about her weight gain. Instead, she was only given a prescription for anti-depressants.

Despite the medications, Jasmin continued her unhealthy lifestyle, which continuously affected her recovery. Jasmin's friends noticed this and planned to help her. They guided Jasmin to have a healthy diet. They also invited her to bike every morning since Jasmin used to like biking. This lifestyle change has yielded positive results, as Jasmin lost almost 15 kilos. As a result, Jasmin regained her confidence and did not isolate herself anymore.

This example shows the importance of a holistic approach. It is not only essential to look at the illness of the person itself and to give medications to address it. Instead, looking at the whole person and their wellbeing is also vital. This will help them recover in a way that they can live productive and meaningful lives.

Strength-Based Approach

A *strength-based approach* involves collaboration between you and the person. This approach enables the person to see themselves at their best and see their value. In doing so, they can move that value forward and utilise their strengths instead of focusing on their illnesses. Generally, you can follow the steps below for a strengths-based approach:

Assess and understand the person's capabilities and skills.

Consider these strengths in the person's individualised plan.

Incorporate activities and methods that take advantage of the person's strengths.

The following information is used to identify a person's strengths. Take note not to discriminate against a person when assessing. All information used and gathered are for supporting the person, not harming them:

Health	
Job role	
Hobbies	
Favourites	
Social circle	
Physical activities	
Cultural background	
Educational background	
Community background	

Identifying one's strengths is a difficult task. Often, people are more aware and confident of their weaknesses. They hesitate to claim that they are good at something. However, the best way to identify their strengths is still to ask them.

The following process may help you and the person identify their strengths. The steps are written from the person's perspective. The person may be unable to do the procedure. This can be true for people with disabilities and mental illness. In such cases, you may work with their families, carers, and other relevant people. Below are some strategies that you may use to identify a person's strengths:

1. Have the person write down all the instances where they think they did their best. It can also be tasks that they love to do. These may come from any aspect of their life.
2. Come up with common themes from the list that they made. These themes are overarching skills or traits that may be their strengths.
3. Confirm by helping them reflect upon these strengths. You can also make a more direct observation for a few days. If you realise that they are good at or love doing it, those are their strengths.

Consider the following examples of instances and possible strengths:

Instances	Possible Strengths
<ul style="list-style-type: none"> ▪ They make a list of items to buy before grocery shopping. ▪ They love to arrange clothes in the cabinet. ▪ They never fail to fix their bed after waking up. 	Organisation
<ul style="list-style-type: none"> ▪ They would like to learn how to paint. ▪ They love to make flower arrangements. ▪ They have been knitting for the last five years. 	Artistry
<ul style="list-style-type: none"> ▪ They love meeting new people. ▪ They can talk about anything under the sun. ▪ They consistently check on their friends and family. 	Friendliness

The above process is one way to identify a person's strengths. Your organisation may also have the procedures and tools for this task. Make sure to study and use these procedures and tools.

After identifying the person's strengths, you will need to use them to help in the person's recovery. Below are some strategies you can use to do that:

Direct the person towards activities that utilise their strengths.

Provide opportunities for the person to showcase their talents.

Make it a point to acknowledge the person when they show improvement in something.

Instruct the person to write down the things that they did well that day.



Further Reading

Strengths-based approaches apply to many other practices. More information on strengths-based approaches is available through this link:

[Strengths-based approaches for working with individuals](#)

Multimedia



Recovery oriented approach is also one of the strategies that promote empowerment and recovery. This video shows how recovery oriented approach helps people with mental health issues.

[Recovery-oriented mental health services - Broken Hill, NSW](#)

2.2.3 Discuss the Services and Strategies for People With Mental Health Issues



You must constantly discuss important things with the person as you work closely with them. One of the important topics that you must discuss with them is their existing support and services. To do this, you need to communicate with the person effectively.

You may review the communication techniques mentioned in Section 1.1.1.

Discussions with the person can either be formal or informal. *Informal discussions* are casual conversations with the carer or family member. *Formal discussions* can be scheduled meetings with the person or other stakeholders.

When setting opportunities for discussion in a supportive manner, you can do the following:



- **Work with their availability.**
 - Ask them where and when they want to have the discussion.
 - Find a schedule that can accommodate as many of the people involved as possible.
- **Create a good environment for discussion.**
 - Ask them if they are ready and comfortable with having a discussion.
 - Prepare a place that is quiet, private, and free from distractions.
- **Be prepared.**
 - Prepare a list of points to discuss ahead of time.
 - Ask the person if they have any topics they would like to discuss.
 - Be ready with reports and documents about the person in case they will be needed.



Checkpoint! Let's Review



1. *Holistic practice* means providing support that looks at the whole person, not just their mental health needs.
2. A strength-based approach involves collaboration between you and the person. This approach enables the person to see themselves at their best and see their individual value.
3. Services beyond mental health include:
 - Community support
 - Education and training
 - Employment
 - Financial support
 - Housing
 - Physical and mental health
 - Social inclusion



2.3 Support the Person to Express Their Identity and Preferences



The previous subchapters emphasised that people with mental health issues must be seen as unique and not be viewed based on their conditions. The principle of empowerment also highlights that people with mental health issues must be able to express themselves freely. This will aid them in regaining control over their life, and in their recovery process, in general. Thus, as you work with the person, you must allow them to express their identity and preferences without imposing your values and attitudes.

2.3.1 Support the Person to Express Their Own Identity and Preferences

Expressing one's identity comes in various ways. Some may express their identity by the way they speak or dress. Some express it through what they do. Alongside having their own identity, the person has their preferences too. These preferences are based on their social, cultural, and spiritual differences, as discussed in Subchapter 1.3. Regardless of the different ways of expressing identity and preferences, the most crucial factor is the freedom to express them. Most people with mental health issues fear showing their identity and telling their preferences because of judgement and discrimination.

Therefore, you must establish a safe environment to support the person in expressing their identity and preferences. An environment that will allow them to be true to themselves without the fear of judgement and discrimination. You may establish this kind of environment by following nonjudgemental practices.

Nonjudgemental practices create a welcoming environment where the person can express their identity and preferences without fear of stigma or discrimination

Nonjudgemental practices include:

Being aware of your body language

Empathising with people with mental health issues

Keeping an open mind

- **Being aware of your body language**

Body language is another form of communication. Although it is non-verbal, it can still transmit information. Positive body language will encourage the person to communicate with you more openly. For example, when talking to a person, look at them directly during the conversation. Avoid looking at other things and getting distracted. This shows positive body language. Doing this shows that you are giving the person your full attention and respecting their presence. Moreover, this body language indicates your interest in what the person says.

This body language will make the person feel recognised, respected and valued. By doing so, they will not hesitate to express themselves.

- **Empathising with people with mental health issues**

It can be challenging to understand why someone is saying or doing something. But instead of dismissing someone's opinion, you can put yourself in their shoes. Use your imagination to discover why someone thinks or acts a certain way. This practice will help you understand the person better.

For example, you have noticed that the person you are working with always cries when they see a picture of a cat. You initially thought that was strange, but you considered why they might be acting that way. You recall the person's previous stories about their old pet cat. This helped you understand her reaction to cat pictures.

This example shows that it is crucial to think of what would cause someone to say or act in a certain way. Instead of judging them as strange or odd, putting yourself in their situation is a good practice. This will help you understand them better.

- **Keeping an open mind**

Keeping an open mind is vital when communicating with a person. During your conversation with the person, ensure you do not dominate the entire conversation. Listen when they are speaking, and do not cut them off mid-sentence. Sometimes, you will not agree with what they say, but keep your mind open to understanding why they think that way.

For example, someone is sharing an opinion that you disagree with. Instead of trying to win the argument, you can learn something new together.

2.3.2 Avoid Imposing Own Values and Attitudes on the Person

There are a variety of personal values and attitudes that can affect the following:

The way you regard mental health issues



The way you work with people with mental health issues



Personal values refer to what you see as essential to your life. They motivate and guide your attitude, beliefs, practices, and behaviours. People can have many personal values that affect how they work and interact with society. Empathy, professionalism, and respect for others are examples of personal values.

Personal attitudes are thoughts, feelings, or positions towards specific ideas. An attitude is a state of mind or opinion that affects how someone interacts with an object or person.

Attitudes can be:

- Positive (e.g. positivity and confidence)
- Negative (e.g. cynical and indifferent)

Personal values and attitudes are shaped through various experiences. They are malleable and can change over time. Having proper values and attitudes will allow you to:

- Appropriately support the person
- Make the right decisions more promptly
- Make the appropriate response to every situation

However, you may tend to impose these values and attitudes on the person. *Imposing* means trying to influence the person's beliefs, attitudes and values of people with mental health issues values and attitudes. Here are some examples of situations that show this:

- **When you directly make statements to affect the actions and decisions of the person**

Sometimes you want to direct the person's actions and decisions for their own good. You convince and force them to do what you think is right for them. Although your intention is good, this situation hinders the right of the person to make their own choices and decisions.

- **When you use non-verbal communication to influence their actions and decision**

You may impose your values and attitudes passively. For example, you were looking away from the person when they made statements you disagreed with. This shows disagree and that you want to change their mind, decision or choices.

Imposing values and attitudes on persons does not support empowerment. This also interferes with the person's progress towards their recovery. Hence, to avoid this from happening, you must:

- **Develop self-awareness**

It is difficult not to influence the person's decisions while working and supporting them. One good way to avoid this is by checking and knowing yourself first. You must know your values and attitudes and how they affect the person. This includes how your words, mannerisms, gestures and actions affect the person. By taking inventory of these things, you will avoid unconsciously imposing your values on the person.

- **Maintain a neutral position**

You will encounter situations where the person's values will conflict with yours. During this time, exert an effort to be neutral as possible. Being neutral means listening to the person's words without judgement or bias. You will not side with or disagree with them but acknowledge what they say.

The table below shows examples of personal attitudes you may have and their impact.

Attitudes	Impact
Open-mindedness	Allows you to approach people with mental health issues with empathy and understanding, instead of preconceived biases.
Cooperation	Helps you focus on the goals of people with mental health issues and participate in meeting their needs while empowering them

Checkpoint! Let's Review



1. Nonjudgemental practices create a welcoming environment where people can express their identities and preferences without fear of stigma or discrimination.
2. *Personal values* refer to what you see as essential to your life. They motivate and guide your attitude, beliefs, practices, and behaviours.
3. *Personal attitudes* are thoughts, feelings, or positions towards specific ideas. An attitude is a state of mind or opinion that affects how someone interacts with others.
4. Imposing values and attitudes on persons does not support empowerment.



2.4 Work With the Person to Identify Duty of Care and Dignity of Risk Considerations



The dignity of risk and duty of care are two interrelated principles.

The *dignity of risk* is the right to explore and participate in beneficial experiences, even if these may entail some form of risk. People receiving mental health services must be allowed to take positive risks to help them learn to live independent lives based on their own decisions. Positive risk-taking gives benefits such as:

- Improved independence
- Improved decision-making
- Improved self-worth

The United Nation's Universal Declaration of Human Rights includes the rights to liberty and leisure. These are the basis for the concept of dignity of risk. The dignity of risk describes the autonomy to make choices. It means that people can still do things that may pose risks. It should be given that they are aware of the consequences. At a national level, the same rights are integrated into [Australia's human rights framework](#). At the state or territory level, these rights inform key legislation such as anti-discrimination and child protection laws.

Your workplace may have policies and procedures to comply with regarding dignity of risk. These place the person at the centre of the decision-making process. You are legally bound to follow these policies and procedures. This means that the person's wishes are considered and prioritised at all stages of service.

Duty of care refers to your responsibilities, by law, to protect the persons from harm. In common law, you are found to have a duty of care when:

- The welfare of other people is entrusted to you
- Your actions or lack thereof may cause harm to the people under your care

Duty of care is a legal obligation for all workers. Workers should give reasonable care to ensure the safety of their persons. You need to protect the person to the best of your ability. It should be in your best interest that persons do not suffer from any harm. This may include physical, emotional and mental harm. Not being able to do so forms a breach of duty of care. This may have consequences depending on your organisation's policies and procedures.

The presence of negligence determines legal liability for duty of care. This means that persons who receive care may claim compensation on the grounds of negligence if the following occurs:



Based on [Duty of Care](#), used under CC BY 4.0. © State of Victoria (Department of Education and Training)

Organisations also have a duty of care to their workers. They should ensure that the workplace is free from hazards that may cause injuries or harm to the workers. They also should enforce protocols and procedures to ensure that all concerns or situations are handled safely.

Like the dignity of risk, the international framework for duty of care comes from treaties and conventions on human rights. At the national level, the Work Health and Safety Act 2011 is the Commonwealth legislation that outlines the employers' and workers' duties of care. It states that the health and safety of others should not be at risk when carrying out your responsibilities. Each state or territory has legislation related to this, which you will find in Section 1.2.1.

In legal requirements, the dignity of risk is a concept jointly discussed with the duty of care. The two concepts explain a balance of acceptable risk. Organisations must ensure that persons are always kept safe from harm. However, people must also be allowed to react to and learn from the risks around them.

Following the provisions in the legislation, individual workers are prohibited from performing hazardous acts. They are required to follow the organisation's policies and procedures to ensure that they do not suffer from injury or harm during the performance of their duties.

Further Reading



You can access the Act at the link below.

[Work Health and Safety Act 2011](#)



Ethical considerations for the dignity of risk and duty of care are integrated into the [National Standards for Mental Health Services 2010](#) and the various codes of conduct for healthcare workers for each state and territory. You will read more about these in Chapter 3. Here are some examples of legal and ethical considerations for the dignity of risk and duty of care:

Legal Consideration	Ethical Consideration	How to Comply
<p>Workers have a duty of care under the WHS legislation. This involves taking reasonable care of their health and safety and others who may be affected by their acts or omissions.</p>	<p>A healthcare worker must provide health services safely and ethically.</p>	<ul style="list-style-type: none"> ▪ Report any suspected case of abuse or neglect to or by the person. ▪ Report hazards in the workplace and the person's environment. ▪ Do not come to work sick or if experiencing illnesses.
<p>Consumers have the right to make their own decisions about their care and service, as well as the right to take risks.</p>	<p>A healthcare worker must accept the right of their client to make informed choices in relation to their healthcare. This includes ensuring they know all the benefits and risks of their choices.</p>	<ul style="list-style-type: none"> ▪ Support the person's decisions and choices in consultation with their substitute decision-maker or guardians. ▪ Ask the person for their feedback on service delivery regularly. ▪ Respect and uphold the person's choices and decisions while providing support in a safe environment.

As a mental health worker, you must balance a person's dignity of risk while performing your duty of care. This means you should still give the person a choice to take risks and make decisions. However, it also means you must still ensure their needs are met despite the risks. To do this, you may take the following steps:

1. Identify the person's choice.
2. Assess the risk involved with their choice.
3. Find ways to reduce the risk while still respecting their choice.

These also apply to assisting people with mental health issues. Here are some examples of how you can respect a person's choice while performing your duty of care:

Person's Choice	Risk Involved	Ways to Reduce Risk
Choosing to live alone despite experiencing urges to self-harm	Increased risk of self-harm	<ul style="list-style-type: none"> ▪ Provide alternatives to reduce self-harm urges, such as writing on their arms with a red pen instead of wounding themselves. ▪ Schedule check-in video calls with the person at specified intervals (e.g. once every two hours) to ensure they have not harmed themselves. ▪ Provide the person with resources they can access at any time if they need someone to talk to or stay with them.
Choosing to stop taking prescribed mental health medication	Increased risk of withdrawal symptoms or worsening mental health issues	<ul style="list-style-type: none"> ▪ Ensure that they have the approval of their doctor to stop taking their medication. ▪ Stay with them or arrange for someone of their choice to stay with them during the first few days. Monitor how they handle the lack of medication and watch out for physical or mental withdrawal symptoms.

Sometimes, your duty of care will outweigh the person's dignity of risk. These are only in extreme cases when:



In these cases, it is more important to prioritise the person's safety. These are situations where the person's choices will put themselves or others in danger. For example, someone has confided in you that they have a strong urge to harm others. Then, they made plans to attend a public gathering. This choice poses a serious risk to public safety and the person's safety. In this instance, your duty of care outweighs their dignity of risk. In this situation, you can still reach a compromise with the person. For example, you can suggest they attend gatherings through video calls instead. You should also ensure that the person is getting help for their urges.

An emphasis on the dignity of risk and duty of care in the workplace ensures that you do the following:

- **Respect the person's independence.**

Learning about the dignity of risk would prevent a paternalistic way of thinking. *Paternalism* is an extreme sense of knowing what is best for the person. You should remember that service provision is less about control and collaboration.

- **Prioritise the person's needs.**

Knowing the duty of care ensures an emphasis on caring for the person. Prioritising the person's needs can also be the deciding factor for ethical dilemmas. You are also expected to make proper judgements and carry out your duties in a way that prioritises and ensures the safety and wellbeing of the person.

- **Balance your responsibilities under duty of care and dignity of risk.**

You are expected to provide important information so the person can make appropriate decisions based on risks, facts, and benefits gained from activities or opportunities.

Checkpoint! Let's Review



1. The *dignity of risk* is the right to explore and participate in beneficial experiences, even if these may entail some form of risk.
2. Workers' *duty of care* is a *legal obligation* to protect persons from harm.



Learning Activity for Chapter 2



Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

III. Work With People With Mental Health Issues to Meet Aspirations and Needs



Aspirations are dreams, hopes and ambitions to meet life goals. These aspirations provide a sense of purpose and direction. Despite having mental health issues, people with mental health issues have aspirations too. They also have needs to be met to have a productive and fulfilling life. Hence, as you work with them, you must know how to provide different opportunities to help the person achieve and meet their aspirations and needs in life.

In this chapter, you will learn how to:

- Collaborate with the person and their care network to achieve their goals
- Uphold the person's rights
- Adjust service delivery to meet the person's needs and requirements
- Document the person's interactions and services provided
- Provide immediate and supportive response to people in distress or crisis
- Work within scope of practice and make referrals as required

3.1 Collaborate With the Person and Their Care Network to Achieve Their Goals



A goal is the idea of the desired result that a person envisions, plans and commits to achieve. When someone sets a goal, they create a vision of what they want their lives to be. Developing and creating goals is an integral part of the recovery process for people with mental health issues. Setting goals help them to:

- Increase their motivation
- Direct their own lives
- Have meaningful and productive lives

But setting and achieving a goal might be difficult for the person. They may not know how to make progress towards their goals. They may not even know how to set goals and what goals to set. Thus, one of your roles is to assist and guide them to set goals and make progress towards their goals.

Goal Setting

Goal setting refers to deciding what the person wants to achieve. This is done by creating a clear pathway on how development should happen. Without goals, it can be difficult for the person to determine what they should do.

When setting goals, you must first consider the person's long-term and short-term goals.



Here is the difference between long-term and short-term goals:

- **Long-term goals**

These refer to the goals the person wants to accomplish in the future. These goals will require a significant amount of time and planning. Usually, long-term goals are set at least several years away. It takes many steps to achieve a long-term plan.

- **Short-term goals**

These refer to the goals the person wants to accomplish soon. These are the smaller steps needed to achieve a long-term plan. The person can achieve these goals within a day, week, month or year. Short-term goals can help you think of what can be done right away.

For example, a person with disability may set a long-term goal of opening a bakery. This goal could take several years of development and training to accomplish. Short-term goals they may set can include:

- Learning how to bake bread rolls
- Acquiring the necessary qualifications for baking
- Taking up an apprenticeship in a pastry shop or bakery

To further break down long-term and short-term goals, you may use the SMART goals framework as the guiding principle:

Here is the SMART goals framework:

- **Specific** – The goals should be well-defined and clear for more effective planning. A specific goal answers the following questions:
 - What does the person want to accomplish?
 - What steps or actions will the person take to achieve the goal?
 - Who else is involved in achieving the objective with the person?
 - When does the person want to accomplish the goal?
 - Why does the person want to achieve the goal?
- **Measurable** – The goals set should have the means to objectively track the person's progress. A measurable goal answers the following questions:
 - What and how much data will be used to measure the goal?
 - How will the person know if they have reached the goal?
 - What will track the person's progress?
- **Achievable** – The goals should be realistic and within the person's capacity. An achievable goal answers the following questions:
 - Does the person have the available resources to accomplish the goal?
 - Does the person have the time to achieve the goal?
 - Will the person be able to commit to achieving this goal?
- **Relevant** – The goals should be beneficial to the person. A relevant goal answers the following questions:
 - Why is accomplishing the goal vital to the person?
 - How does the objective align with the person's other goals?
- **Time-bound** – The goals should have a start and finish date to give a sense of urgency. A time-bound goal answers the following questions:
 - When does the person want to start working on their objective?
 - When does the person want to accomplish the goal?



Below is an example of breaking down one of the short-term goals mentioned before. For this example, assume that the person has taken up baking to improve their mental health. They have set a goal to learn how to bake bread rolls as part of their progress.

Short-Term Goal: Learn How to Bake Bread Rolls	
Specific	The goal is for the person to bake bread rolls.
Measurable	The amount of successfully baked bread rolls can be used to measure the person's progress.
Achievable	The person can watch YouTube videos on baking bread rolls or take a class that teaches baking bread rolls.
Relevant	The person's long-term goal is to open a bakery.
Time-Bound	The person has set the deadline for this goal at the end of a month.
Summary	Within a month, the person should be able to bake a dozen bread rolls successfully.

Collaborating With the Care Network

Collaboration is the key to any endeavour. It increases the chances of getting positive results. Therefore, it is crucial that you also communicate and consult the person's care network regarding their goals.

A *care network* is a network of people who supports and cares for a person. There are two types of care networks, formal and informal.

- **Formal care network** – The person identifies this as anyone who provided care, assistance and support to them (e.g. family and friends).
- **Informal care network** – This includes health professionals.

The person's care network knows the person well. Some of them also interact with the person most of the time. They normally know information about the person that you might not know. These include their strengths, weaknesses, interests, attitudes, and health conditions. Hence, they may help in the following:

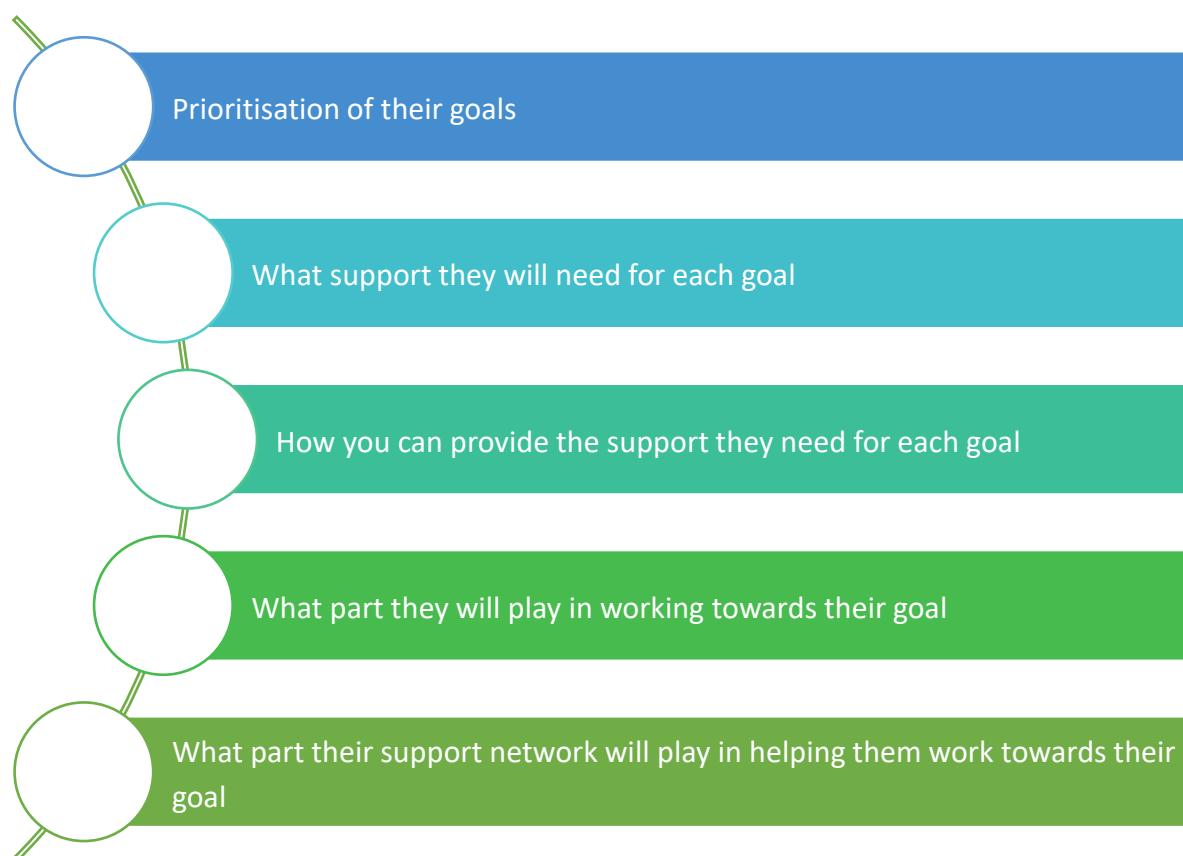
Assessing the goal and the plan for people with mental health issues

Monitoring and tracking the progress of people with mental health issues

Collaborating With the Person

While it is vital to collaborate with the person's care network, it is more important to collaborate with the person. They are the ones who will benefit from the support that you provide, so they should get a say in what that support will be. Collaborating with them will also ensure that they follow through with the goals they have set for themselves.

To collaborate with the person, you should meet with them to discuss the following:



This collaboration will continue throughout your support relationship. At different points, while you are supporting the person, you should check in with them to ensure that:

- The support you are providing works for them
- They need to adjust any of the support you are providing
- They need any additional support
- Their progress towards meeting their goals

Assessing the Goal and the Plan for the Person

The care network may give information and feedback if the goals set and the plan created are realistic and possible for the person to achieve based on their situation. There are two types of care networks. They are as follows:

- **Formal care network**

They are the ones who interact with the person most of the time. They may know the person's strengths, weaknesses, and current situations. Hence, they may give valuable feedback regarding the goals of the person. For example, the person's family knows that they live too far from a gym, so setting a goal to go to the gym daily will not be suitable for the person. This feedback will help realign the goals of the person.

- **Informal care network**

Informal care networks know the medical state or health condition of the person. The person's health condition also affects their goals. For example, the person's doctor knows that the person must not be doing strenuous activities. Hence setting a goal that involves strenuous activities is not realistic for the person. This kind of information also helps in realigning the goals of the person.

Monitoring and Tracking the Progress of the Person

Monitoring and tracking the progress of the person is important to:

- Ensure that the person is still on track with the plan they created
- Check if the person needs assistance with specific tasks or actions
- Verify if the person needs to adjust some parts of the plan (e.g. timeline)

Setting and achieving goals will not be easy for the people in your care. However, with your guidance and the help of the care networks, the person can make significant progress towards their goals. In general, you support them by:

Assisting them in the creation of SMART goals

Assisting them in planning for the attainment of their goals

Monitoring and tracking their progress through follow-ups

Doing these things ensure that you guide the person well towards attaining their goals.

Checkpoint! Let's Review



1. The SMART goal stands for:

- Specific
- Measurable
- Achievable
- Realistic
- Time-based

2. A plan to achieve a goal usually includes:

- Action
- Timeline
- Potential barriers
- Resources



3.2 Uphold the Person's Rights



Earlier, you learnt that people have rights as stated in international treaties and implemented through various laws. These rights are grounded on the ethical principles of fairness and equality. Everyone must be treated fairly and equally. Even if there are laws protecting the person's rights, knowing and applying ethical principles in the workplace is essential because they guide practice areas not covered by laws.

Based on ethical principles, persons have rights in addition to those protected by laws. These rights include the following:

Rights	Explanation
Standard and high-quality services	The person has the right to receive the best care and services possible. These services must meet the standard set by the National Standards for Mental Health Services 2010.
Safety and security	The person has the right to feel safe when receiving mental health services. This includes safety from physical, mental or emotional harm.

Rights	Explanation
Equal treatment and opportunity	The person has the right to be treated equally regardless of age, race, gender, disability or sexual identity.
Protection of privacy and confidentiality	The person has the right to keep their personal information confidential and only share when necessary and with informed consent.
Share opinions and views regarding an organisation's practices	The person has the right to express their honest opinions on the services provided by the organisation. Their opinions should not negatively affect the quality of the services they are receiving.
Information on the person's condition and progress in the centre	The person has the right to be updated on their condition and progress while receiving mental health services. They should be informed on how to access their information, and this information should not be withheld from them.

With additional knowledge regarding the person's rights, you must focus on how you should work while upholding these rights. Working in ways that support the person's rights involves:

Ways to Uphold the Person's Rights	Description
Follow the existing legislation and ethical principles.	Doing this ensures that the services the person receives are within the confines of the law and the relevant codes of practice.
Ensure the person knows how to make recommendations about support and services.	Doing this ensures the person's right to express their opinion is upheld. This allows the person to bring up any issues they may have with the services they are receiving.
Challenge others' actions that may lead to breaking the person's rights.	Doing this ensures that the person's rights are upheld not just by you but by others within the care network as well.

Ways to Uphold the Person's Rights	Description
Show behaviour and actions that demonstrate respect for diversity.	Doing this ensures that the person's right to equal treatment is upheld. This also makes people from diverse backgrounds feel safe and comfortable receiving mental health services.
Support people with mental health issues in understanding their rights.	Doing this ensures that people receiving mental health services know their rights. This will help them advocate for themselves and identify when their rights are not being respected.
Respect the dignity and privacy of people with mental health issues.	Doing this ensures that the person's right to privacy is upheld. For more information, you may review Subchapter 1.5.

You must do these things and uphold the person's rights, as this aid you in empowering and protecting them. This also helps you realise your obligation to employ work practices that do not violate the person's rights.

Checkpoint! Let's Review



1. The person's rights and responsibilities are grounded on the ethical principles of fairness and equality.
2. Working in ways that uphold the rights of a person means working in ways consistent with the laws and the organisational policies and procedures.

3.3 Adjust Service Delivery to Meet the Person's Needs and Requirements

Continuous changes occur every day with the person. These changes may negatively impact their recovery process. In contrast, some may lead to significant progress in the process. Nevertheless, constant changes must be addressed through a flexible recovery process, services and support. You must ensure that no matter what changes happen with the person's situation and condition, you can adjust, modify, improve or change the service delivery to them to meet their specific needs and requirements.



3.3.1 Adapting Service Delivery to Meet the Person's Specific Needs and Requirements

Adapting service delivery entails modifying or adjusting how you deliver service to match the specific needs of the person or the situation. The previous discussion in this learning guide emphasised that services must be congruent with the needs and goals of the person. However, the needs and goals of the person may change from time to time. These changes may be brought upon by changes in their health condition, symptoms, and other living conditions.

The following situations show examples of changes:

- You are working with a person who is clinically diagnosed with depression. They usually sleep and isolate themselves from everyone. Recently, people around them have noticed that they exhibit aggressive behaviour, which is unusual for them.

The current service to the person addresses the problem of isolation. However, they now exhibit another behaviour that could potentially worsen their condition. Because of these, changes in service delivery must take place. They may now need a service to help them manage their aggressive behaviour.

- You are working with a person in Sydney, but their family will move to Darwin in a month.

The change in the location is also a factor in the modification of service delivery. They may need to change their service provider or may need alternative services due to a change of location. They would have new peers or community support groups; this means adjusting to a new environment and people, which is difficult for people with mental health issues.

- You are supporting someone with post-traumatic stress disorder (PTSD). They rely on their mother most of the time during the recovery process. However, their mother passed away suddenly.

They lost one of his support systems. Therefore, a change in the service delivery is needed to ensure they will still get enough support from other people. Moreover, they may need another service to address grief and loss.

Addressing Changes

Like other people, the person may also experience changes in their life. However, some of these changes may affect their recovery process. Hence, your role is to ensure that whatever changes happen to the person, they will still meet their needs and recover.

To address changes and make appropriate adjustments in the service delivery, you must do the following:



1. Identify the changes.

Before taking action, you must know the information about the changes the person is experiencing or facing. You may do this by:

- **Directly asking the person**

Ask the person about the things that are happening in their lives. Directly talking to the person will give you information about the changes they experience. You may use communication techniques discussed in Subchapter 1.1 when asking the questions.

- **Consulting their care network**

The person may not be able to share all the information with you. That is why you must have a connection with their care network. Consult their care network about the changes the person is going through. Their families and friends may provide personal information about the changes (e.g. location change, loss of employment). On the other hand, health professionals may give information regarding the changes in the person's health condition (e.g. recurring symptoms, worsening medical conditions).

- **Observing them**

Data gathering through observation is discussed in the previous chapters. Observing the person will give you information such as changes in their mood, behaviour or actions.



2. Assess the situation.

After getting information about the changes, you must assess the situation. In the assessment, you must address the following questions:



- **What are the new needs of the person based on the change?**

Once you get the information about the changes the person is experiencing, you must understand how their needs will be affected. Identify if there will be new additional needs or adjustments to current needs. Consider the following scenario:

You are supporting someone with post-traumatic stress disorder (PTSD). They mostly rely on their mother during the recovery process. However, their mother suddenly passed away.

By assessing this situation, you will know that the person needs a new member of their support system. Moreover, this will also inform you that they need additional services to address their grief.

- **What are the requirements to meet the new needs of the person?**

The person and their situation may demand specific requirements or conditions concerning their needs. It would be best if you considered these conditions to effectively address the changes in their situation.

Using the previous example, the person needs a new member in their support system. Assume that the person mentioned that they want someone close to them personally and geographically. This condition or requirement must be met to ensure you appropriately address the person's needs.

▪ How must the service delivery be adapted?

Adapting the service delivery would mean:

- Including new services to the present one
- Adjusting or redesigning the present services
- Transitioning to other services

You must understand the person's situation to discern how the service delivery will be adapted for them. The table below shows some examples of adapting service delivery:

Situation	How Must the Service Delivery Be Adapted?
Wendy is receiving counselling services due to her anxiety disorder. But recently, she lost her job.	Include a new service to the current one. Wendy still needs counselling services to manage the symptoms of her anxiety disorder. But since she lost her job, she needs additional services, such as employment services.
Irene meets her peer support group once a month. However, her current medical condition does not allow her to interact with people face-to-face.	Adjust and redesign the current service. Irene will still interact with her peer support group, but she will do this through an online setup. Irene still receives the same service but needs adjustments to fit her situation.
Joy is currently receiving counselling services. However, based on the assessment done on her, she is exhibiting acute behavioural disturbance that cannot be safely addressed in less-restrictive settings.	Transition to new service. Joy must be referred to another service with more restrictive settings. The counselling service is not sufficient to address her needs. Therefore, she must receive a new service that fits her current condition.

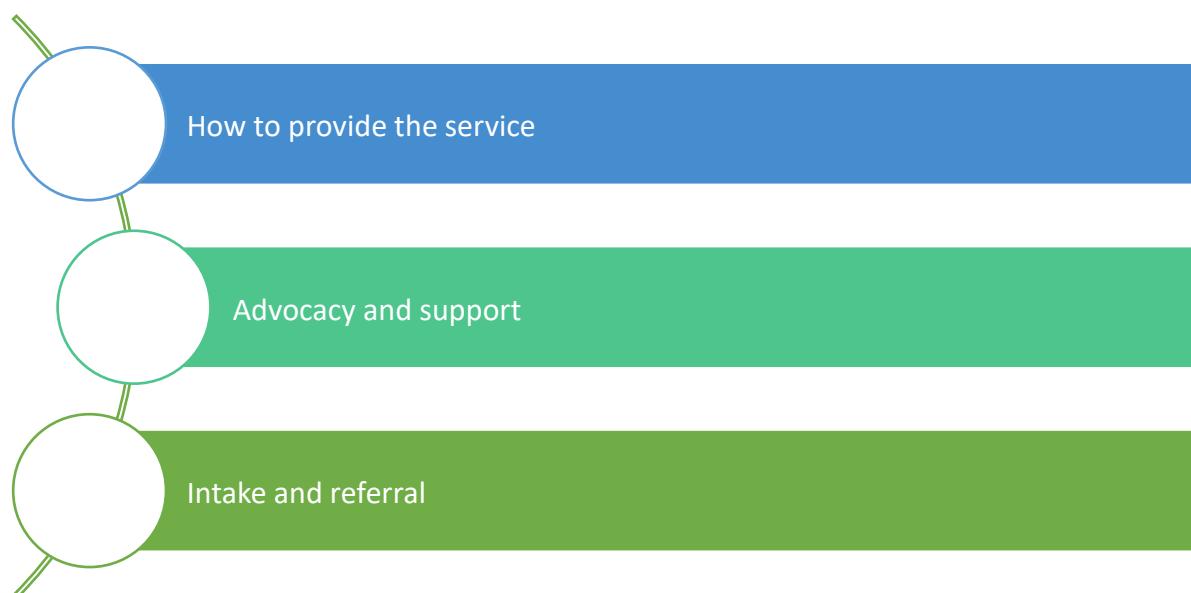
3. Implement the adaptations.

After identifying and assessing the situation, adaptations or changes must be implemented. These are the things that you need to consider in the implementation phase:

- The adaptations to the service delivery must be implemented immediately. This avoids worsening the condition and affecting the person's recovery process.
- The implementation must proceed in collaboration with the person and their care network. This helps in increasing the chance of getting better outcomes. And a better outcome would mean that the person meets their needs and requirements.
- The implementation must be in accordance with the organisation's policies and procedures.

3.3.2 Organisational Policies and Procedures in Service Delivery

Your workplace will have its own policies and procedures about service delivery. These policies and procedures may cover the following topics:



Here are some examples of policies and procedures a provider may have when providing services:

Policies for Providing the Service	Procedures for Providing the Service
<p>The organisation must meet the needs of the people while upholding their rights:</p> <ul style="list-style-type: none"> ▪ To make their own choices ▪ To have dignity, respect, privacy and confidentiality ▪ To have access to services on a non-discriminatory basis 	<p>When providing the service:</p> <ul style="list-style-type: none"> ▪ Ensure service delivery regards respect, safety, and flexibility and is sensitive to the person's circumstances. ▪ Ensure that service delivery is free from any form of discrimination and prejudice. ▪ Recognise the particular needs of culturally and linguistically diverse communities. ▪ Ensure that persons' personal information is obtained with their consent, remains confidential and is kept private. ▪ Ensure that persons are well-informed about the service provisions and their rights. And allow them to make informed decisions and choices.

Advocacy means receiving support from another person or group to aid that person in expressing their views and standing up for their rights. The one who offers the support or help is called an *advocate*. Here are the different policies and procedures for advocacy and support:

Policies for Advocacy and Support	Procedures for Advocacy and Support
<ul style="list-style-type: none"> ▪ Uphold the rights of persons to access advocacy services and to be supported by an independent advocate. ▪ Uphold the rights of persons to change their advocate at any time. 	<ol style="list-style-type: none"> 1. Ensure that the person is well-informed about the different advocacy services. 2. Assist the person in accessing advocacy services where appropriate. 3. Collaborate with the advocate and ensure they have the information about the service provisions.

The services start with intake assessments. Organisations are conducting it to check whether the referral from another source is appropriate. Intake assessments are the basis for accepting the referral or if there is a need to refer the person to other service providers.

Policies for Intake and Referral	Procedure for Intake and Referral
<ul style="list-style-type: none"> ▪ Intake and referral processes must adhere to legislative privacy and confidentiality requirements, child safety, and duty of care. ▪ Criteria for eligibility and priority for service access must be clear. ▪ Provide information and referrals for persons who: <ul style="list-style-type: none"> ○ Are ineligible for the service ○ Are unable to access the service for other reasons ○ Require the service of other agencies 	<ol style="list-style-type: none"> 1. Conduct intake assessments to get an overall sense of the person's condition. 2. Provide sufficient information to the person about the range of services and eligibility criteria. 3. Accept the referral if appropriate. Appropriate in this case means that the referral is from: <ul style="list-style-type: none"> ▪ Health professionals ▪ Service providers with sufficient knowledge and information about the person 4. Make referrals to other agencies if needed.

Checkpoint! Let's Review



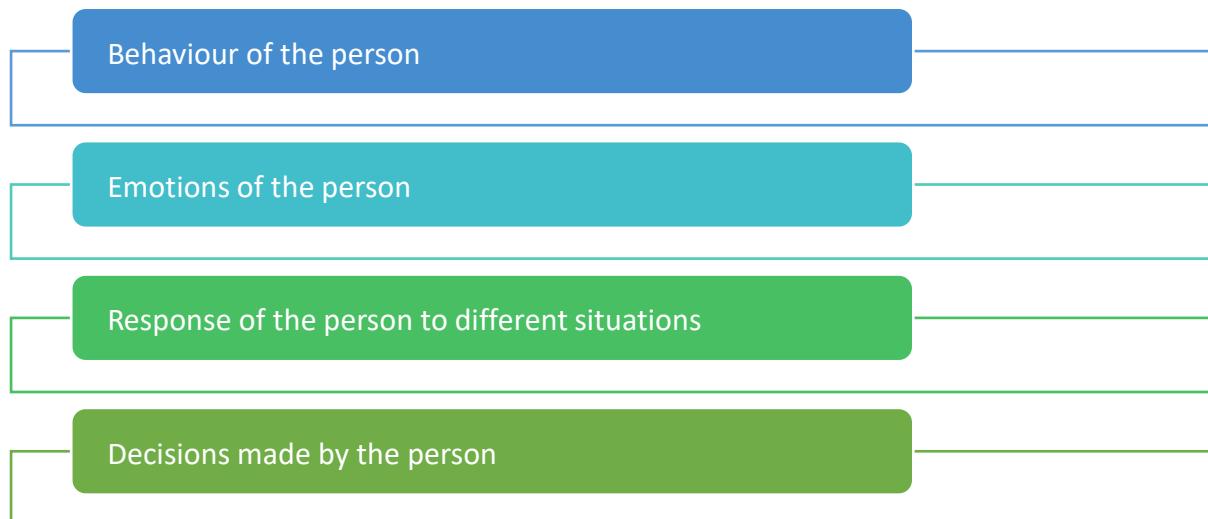
1. Adapting the service delivery would mean:
 - Including new services to the present one
 - Adjusting or redesigning the present services
 - Transitioning to other services
2. Policies and procedures about service delivery may cover the following topics:
 - How to provide the service
 - Advocacy and support
 - Intake and referral

3.4 Document the Person's Interactions and Services Provided

Keeping good records is an important part of your job. It allows you to access the necessary information and share them when needed. Well-maintained records also ensure that you can provide evidence of care if needed. You should know how to complete and maintain documentation properly. You should also know how to store them in a way that will keep them secure and private.

Document Interactions

Documentation on interactions made by the persons with you and other people may include narratives on:



You must also include how you responded and interacted with the person. You may indicate your strategies, approaches, and decisions as you interact with them in the documentation.

Documenting this information will aid in monitoring the person's progress. The documentation may reveal patterns in how people behave and express their feelings. These patterns will give valuable information on whether the person's condition improves. Through documentation, you may also discover unhealthy patterns of behaviour and emotion. Addressing these unhealthy patterns right away will lead to better and positive results.

Document Services

The person receives different services to aid them in the recovery process. Documentation is one tool that ensures that these services are of quality. Documentation also ensures that services are continuously improved to meet the needs and aspirations of the person.

Proper documentation reveals information on whether the services provided are effective or not. This helps identify the things that must be modified, changed or improved in the services offered.

Moreover, there must be proper documentation since care networks monitor the person's progress. This will allow all the involved people to check the person's goals and progress. Each person in the care network contributes to the person's recovery process. Hence, they must be informed of the person's information through the documentation.

Since documentation is important, you must ensure that you have complete documentation. To ensure that you have complete documentation, you can take the following steps:

Make a checklist of records needed.

Check existing records against the checklist.

Create missing records.

Below is an example of a document you may encounter in your organisation. It is called a *Progress Notes* template. In this document, you will record the changes or progress in a person's goals or condition. You will also record the results of any strategy used within the person's support plan or the document that outlines the support the person receives.

Progress Notes

Person Information

Name	
Address	

Date	Status	Action Point	Achievements
(Date of visit)	(How was the person at the start of the visit/treatment?)	(What strategies were implemented / What actions were done / What services were provided?)	(What are the results / How did the person respond? (i.e. level of participation – How much did they participate and engage in the activities?)
	(Are there any changes to the person's physical health and wellbeing, e.g. concerning changes in the person's appearance?)		
	(Are there any changes to the person's mental health and wellbeing, e.g. concerning changes in the person's appearance?)		
	(Are there any changes to the person's emotional health and wellbeing, e.g. concerning changes in the person's appearance?)		

Outcome Overview

Strategies Implemented	Outcomes of the Strategies	Metrics	Remarks
(What strategies were implemented?)	(Are the strategies successful / What are the outcomes of the strategies?)	(How are the outcomes measured?)	(What strategies were implemented / What actions were done / What assistive technologies were used?)
	(Are there any changes in the person's health and behaviour?)		

Consultation Overview

Reviewer/Health Professional	
Date of Review	
Future Strategies	
Future Actions	
Other services needed	
Referred Services	
(What are these services needed?)	
(How can the referred services help the person)	
Reviewer/Health Professional Signature	

End of Progress Notes Template

While filling out the form on the previous page, you may take the following steps:

1. Set up a meeting with the person to discuss their progress. The person may also identify other members of their care team that they want in the meeting.
2. Summarise the condition of the person before the provision of support.
3. Identify and discuss any changes to the person's physical, mental and emotional health.
4. Summarise the strategies implemented or support provided for the person.
5. Identify the impact of the strategies implemented or support provided for the person. Include an explanation of how these impacts were measured.
6. Discuss with the person possible strategies that may be implemented in the future.
7. Identify the actions you or the person will perform to implement those strategies.
8. Identify if there are any outside services that the person may be referred to. These services must be relevant to the person's needs or goals.

When identifying and summarising the person's progress, you may also consult the following people for relevant information:

The person's family members

The person's friends

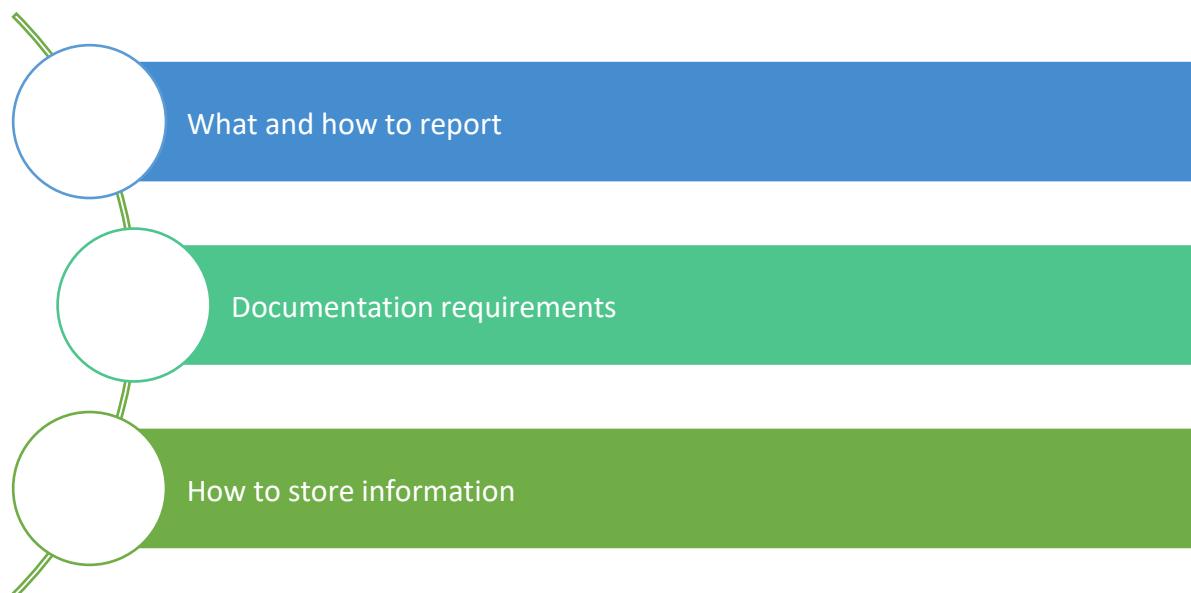
Health professionals working with the person

Other staff members in the person's team

Your supervisor

3.4.1 Organisational Policies and Procedures in Reporting and Documentation

Your workplace will have its own policies and procedures regarding reporting and documentation. These policies and procedures will cover the following topics:



The table below shows examples of reporting policies and procedures a provider may have.

Policies for Reporting	Procedures for Reporting
<ul style="list-style-type: none"> ▪ All incidents involving the following must be reported: <ul style="list-style-type: none"> ○ Aggression ○ Illness ○ Change in eating patterns ○ Change in sleeping patterns ○ Significant personality changes ▪ Any incident that requires an emergency response must be reported to your supervisor. 	<p>When reporting an emergency:</p> <ol style="list-style-type: none"> 1. Ensure the safety of all people involved before anything else. 2. Ask a staff member or another care worker to stay with the person involved. 3. Find your supervisor and verbally report the incident. 4. After everything has settled, make a written report of the incident.

The table below shows examples of documentation policies and procedures a provider may have.

Policies for Documentation	Procedures for Documentation
<ul style="list-style-type: none"> ▪ Anything verbally reported to the supervisor must have written documentation. ▪ Documentation of information must be done digitally. ▪ The following hard copy files must have a scanned digital copy in the organisation's system: <ul style="list-style-type: none"> ○ Birth certificate ○ Printed medical records and prescriptions ○ Signed individualised plan 	<p>When documenting a report:</p> <ol style="list-style-type: none"> 1. Find the relevant report template from the organisation's files. 2. Download a copy of the report template. 3. Fill out the report template and save it using the correct file name format. 4. Upload the report to the correct shared folder. 5. Email your supervisor a link to the report and CC the rest of the person's care team.

The table below shows examples of information storage policies and procedures a provider may have.

Policies for Storing Information	Procedures for Storing Information
<ul style="list-style-type: none"> ▪ Copies of all written reports must be saved online in the organisation's system. ▪ Printed copies of the following important records must be available for families: <ul style="list-style-type: none"> ○ Individualised plans ○ Medical records ○ Incident reports ▪ All records must be documented following privacy and confidentiality requirements. 	<p>When storing digital reports:</p> <ol style="list-style-type: none"> 1. Save the digital report in the correct shared folder in the organisation's system. 2. Save a copy of the digital report in the person's folder. <p>When storing hard copy reports:</p> <ol style="list-style-type: none"> 1. Print two copies of each report. 2. Save one copy in the person's individual record folder. 3. Save the other copy in the organisation's record folder.

Importance of Accurate, Objective and Detailed Records

For your reports to be useful to anyone who may need to access them, they must meet the following criteria:

- Accurate**
 - Your report must provide an exact narration of what happened.
 - It is important to make sure only to write factual information.
 - This gives the team a clear picture of the events that occurred.
 - Inaccurate information may lead to unnecessary or harmful interventions for the person.

- Objective**
 - To be objective means to stick to the facts.
 - An objective report avoids the use of opinions or emotional responses.
 - It is important to be objective to prevent misinterpretation of facts.

- Detailed**
 - Your record must contain all the appropriate details of an event.
 - This means you must include all information that affects the person.
 - This ensures that your report gives a clear picture of the whole incident.
 - Missing details may confuse whoever reads your reports.

3.4.2 Records Management

ISO 15489-1 (Information and documentation – Records management) is the international standard for records management.

The standard states that records retention should be managed to meet internal and external stakeholders' current and future needs. This can be done by identifying the enforceable or legitimate interests that stakeholders may have in preserving the records for longer than the organisation requires. Stakeholders may include business partners, persons and other people affected by the organisation's decisions or actions, and others to whom the organisation should make its records available to meet accountability requirements, such as auditors, regulatory authorities and investigative bodies, archives authorities or researchers.



Further Reading

You can access the international standard for records management in the link below.

[ISO 15489-1:2016](#)

Organisations may follow ISO standards for records management. For Australia, the related standard is AS ISO 15489. This standard provides guidelines on records management, including information on the following:

Benefits of good records management

Issues of regulatory environments

Need for records management policies and assigned responsibilities

Principles of records management programs

Characteristics of a record

Characteristics of a records system

Steps to be taken in designing and implementing a records system

Records management processes and controls

Records management monitoring and auditing

Records management training

Organisations should enforce rules and procedures for archiving records. This involves storing records for an indeterminate length of time so they are only accessible to a few persons within the organisation.

These considerations have an impact on the role of workers. Individual workers must follow specific policies and procedures before disposing of or destroying any records. Individual workers must also inform persons whenever their information will be stored for research, audit or other special purposes.

Australia has legislation that states the record-keeping requirements for government files. It is the [Archives Act 1983](#). It established the National Archives of Australia, which has the following responsibilities:



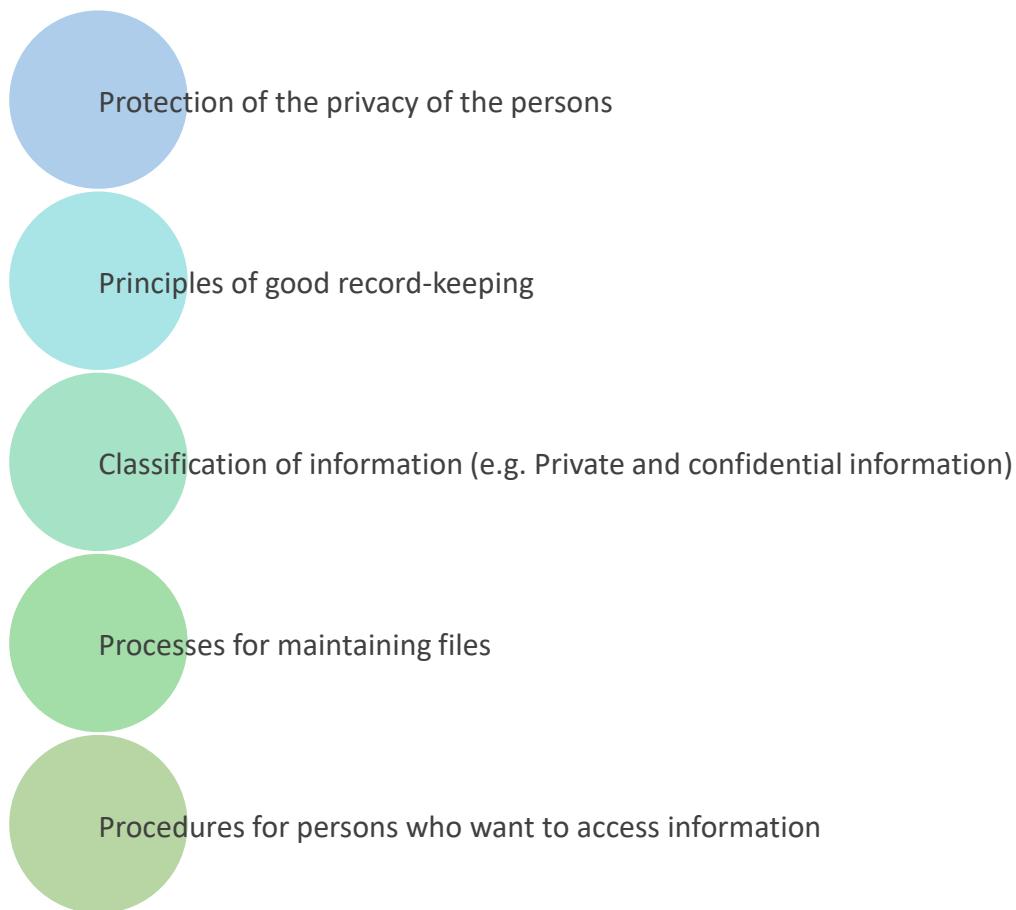
Each state or territory has similar legislation. Each law ensures that public records are properly managed, which may entail:

- Allowing access to government information
- Allowing access to personal information
- Processing application on correcting personal information
- Protecting privacy rights

The table below links the relevant legislation in each state or territory.

State/Territory	Legislation
Australian Capital Territory	Territory Records Act 2002
New South Wales	State Records Act 1998 No 17
Northern Territory	Information Act 2002
Queensland	Public Records Act 2002
South Australia	State Records Act 1997
Tasmania	Archives Act 1983
Victoria	Public Records Act 1973
Western Australia	State Records Act 2000

These legislations apply to service organisations in the public sector. These organisations must adhere to the relevant law by creating record-keeping policies. Their policies and procedures can include:



The Privacy Act 1988 covers record-keeping's privacy, confidentiality, and disclosure.

For service organisations not covered by the Privacy Act 1988, creating policies and procedures regarding record-keeping is still recommended. It will help the organisation store and access critical files. It will also be beneficial when people request information. Privacy, confidentiality and disclosure are discussed in Subchapter 1.5.

Further Reading



The link below contains legislation on information management and legislation that includes relevant requirements.

[Information management legislation](#)

Records management is vital for an organisation because it helps maintain compliance with laws and regulations and supports day-to-day activities. Proper records management is based on the principles of transparency and accountability. By managing records, you are helping your organisation provide evidence that its duties and responsibilities to stakeholders are being met. In relation to privacy, confidentiality and disclosure, records management practices also protect the rights and welfare of persons by safeguarding information from misuse and abuse.

You must remember some ethical workplace practices concerning records management and include them in your service policies and procedures. These are recommended practices and tips based on guidelines found in legislation:

Only record information is needed for operations and nothing more.

Practice good faith in implementing and maintaining a records management system to avoid breaches and leaks.

Provide access to staff only as needed in performing work responsibilities and provide them with clear guidelines on accessing and using records.

Make records easily accessible and available to regulatory authorities and other bodies who may require access, as required by legal procedures.

Ensure that records are kept accurate and current to avoid incorrect or misleading information.

Inform persons about what information you store in records and obtain their consent when using records.

Checkpoint! Let's Review



1. Documentation also ensures that services are continuously improved to meet the needs and aspirations of the person.
2. ISO 15489-1 (Information and documentation – Records management) is the international standard for records management.

3.5 Provide Immediate and Supportive Response to People in Distress or Crisis

A lot of factors and triggers may cause distress to the person. High levels of distress may escalate and lead to mental health crises. This scenario is risky and may cause harm and danger to the person and the people around them. Hence, it is a must that you know how to respond to these situations.

Distress involves experiencing unpleasant feelings, emotions and behaviours. And this may adversely impact people with current mental health issues as it affects how they think, act and feel. Distress involves feeling:

sad

hopeless

fearful

anxious

helpless.

Sometimes people do feel these things on certain occasions, but distress may be considered as serious if the person:

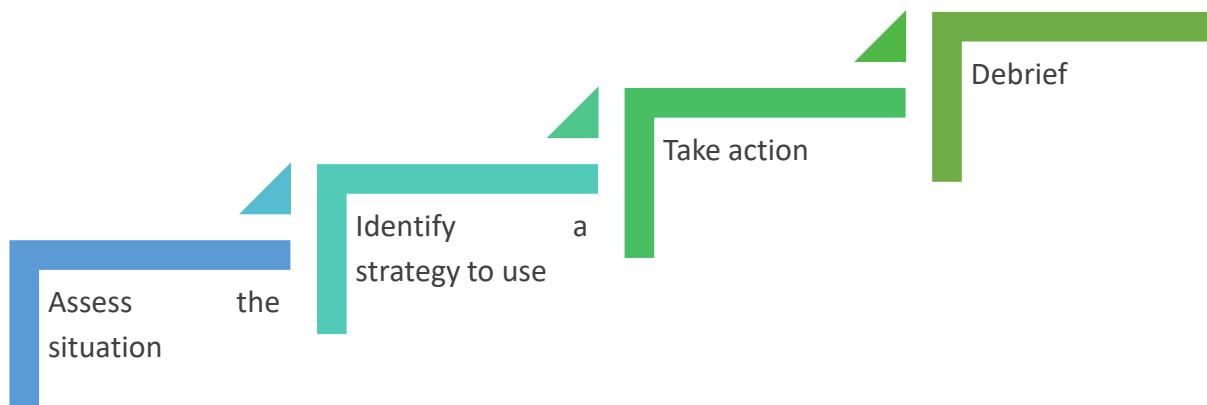
- Panics because of feeling too overwhelmed
- Is always irritated, frustrated and angry
- Has poor concentration
- Has trouble sleeping
- Feels worthless, useless and a burden to other people
- Cannot make decisions

On the other hand, a mental health crisis is any situation wherein a person shows actions and emotions that can lead them to hurt other people or themselves. Extreme levels of distress may lead to a mental health crisis. A crisis may involve a person who:

- Displays aggressive behaviours (e.g. acts of physical violence, yelling/shouting)
- Has suicidal thoughts and behaviours (e.g. talking about committing suicide, threatening to kill themselves)
- Commits deliberate self-harm (i.e. intentionally hurting oneself without wanting to die)
- Has panic attacks

Responding to People Experiencing Distress or Crisis

Distress and crisis pose a big threat to the person and the people around them. Therefore, an immediate response is vital to limit possible danger or negative outcomes. To effectively respond to these situations, you must follow these steps:



1. Assess the situation

- Briefly analyse what is happening and what has caused it.
- Consider if there is anything that poses a risk to anyone's safety.

2. Identify a strategy to use

- Think about the different ways you can address the situation.
- Recall if the specific situation has happened before. Identify what strategy was used then and if it worked.

3. Take action

- Carefully implement the strategy you have identified.
- Consider the safety and dignity of the person when doing this. Do not make sudden movements unless there is an emergency. Try as much as you can not to draw too much attention to the person.

4. Debrief

- Wait for the person to calm down before talking to them. Make sure that they are okay physically and mentally.
- Discuss with them what happened and why. Reassure them. In doing this, use communication techniques that work for them.

Read the example below to understand how to apply the steps discussed.

Situation	
A person diagnosed with schizophrenia is casually talking with her family members. Her father, who had been gone for two years, suddenly appeared. When the person saw her father, the person started showing aggressive behaviours.	
Steps	Application
Assess the situation	<ul style="list-style-type: none"> ▪ Take note of when the person started getting aggressive. In this case, the aggression happened when the father appeared. ▪ Observe the person to see if they look like they may hurt themselves or someone else.
Identify a strategy to use	<ul style="list-style-type: none"> ▪ Check to see if there is a way to quietly remove the cause of aggression (the father) from the situation. ▪ Alternately, check for a way to remove the person from the situation quietly.
Take action	<ul style="list-style-type: none"> ▪ Ask the father if he can go out for a while. ▪ If this is not possible, lead the person away from the place. Do this as quietly as you can to avoid drawing attention.
Debrief	<ul style="list-style-type: none"> ▪ Bring the person to a quiet area to calm down. ▪ Gently ask the person why they think they became aggressive. If they are not able to answer, do not force them. Just let them do a different activity instead.

Aside from responding immediately, ensuring you are still supportive of the person while addressing the situation is essential. You show that you are supportive of them by:

Using phrases that will let them feel understood and hopeful

Not blaming them

Not dismissing their feelings

Not trying to solve their problems for them

- **Using phrases that will let them feel understood and hopeful**

These phrases include:

- ‘I’m always here for you.’
- ‘I see that this has been difficult for you.’
- ‘I’m here to help. Just let me know how.’
- ‘I know things aren’t better now, but there is hope that things can improve.’

The person in distress or crisis must know they are not alone and you are there to help them. You have to assure them that things will get better. This will help make the person calm down. Moreover, keep your voice calm and talk slowly while using these phrases or talking with them.

- **Not blaming them**

Do not let the person feel that they are to be blamed. This will reduce the chance of them feeling and getting better.

- **Not dismissing their feelings**

You have to recognize what the person’s feelings are. Empathising would help in letting them know that their feelings are valid. By doing this, the person will feel understood.

- **Not trying to solve their problems for them**

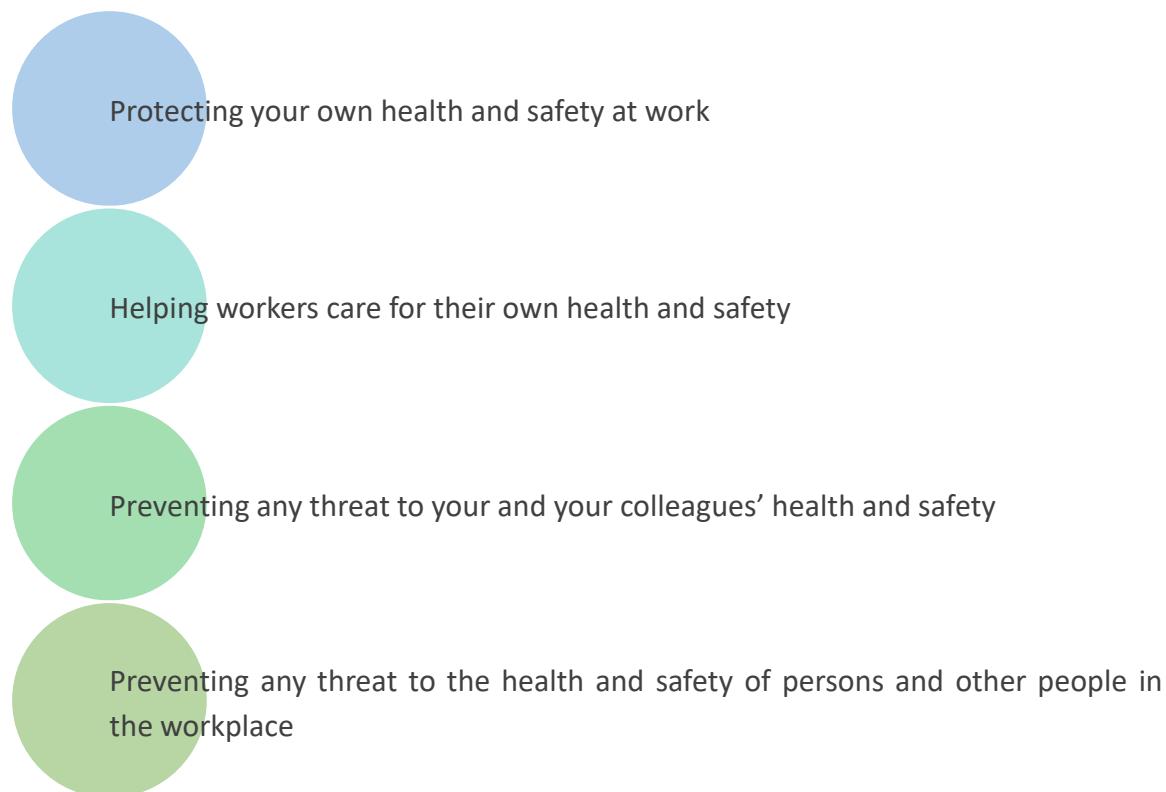
You might fall into the trap of fixing the person's problems to make them feel better. But this is not a good idea. Most of the time, the person wants someone to listen to them. Instead of offering solutions, show them that you are there to listen and support them.

3.5.1 Work Health and Safety

You may be put in danger while working with the person. The risk of this happening increases when the person is experiencing a mental health crisis. Aside from harming themselves, they may also hurt you during such situations. Hence, you must be well aware of Work Health and Safety.

Legislation and guidelines on Work Health and Safety (WHS) are in place to minimise or prevent health and safety risks in the workplace. ISO45001 is the international standard for occupational health and safety. This is the legal framework that protects workers and others in the workplace from work-related incidents. At a national level, this standard is applied through a WHS law. The Commonwealth Act that serves as a national legal framework for WHS is the [Work Health and Safety Act 2011](#).

WHS laws generally cover various situations that workers in any field may encounter. WHS is a set of legislation and guidelines that set best practices in:



Safe Work Australia is the national government entity that develops and evaluates model WHS laws. From these model laws, states and territories develop and implement their respective WHS laws to ensure that WHS principles are effectively applied to their context. The table below shows the WHS/OHS legislation and guidelines followed in each state or territory.

State/Territory	WHS Legislation and Guidelines
Australian Capital Territory	Work Health and Safety Act 2011
New South Wales	Legislation
Northern Territory	Workplace safety laws
Queensland	Work health and safety laws
South Australia	Legislation
Tasmania	Laws and compliance
Victoria	Occupational Health and Safety Act and Regulations
Western Australia	Work Health and Safety Act 2020

Based on [Law and regulation](#), used under CC BY 4.0. © Commonwealth of Australia.

Aside from these state or territory laws, there may also be local laws that are enforced in your local government unit. These local laws are still based on state or territory laws but with an emphasis on the context of the jurisdiction. You may contact your local government unit to learn more about local WHS requirements.



Further Reading

Safe Work Australia develops and evaluates model WHS laws. You can view WHS laws that apply to the educational setting in different states and territories by accessing the link below.

[Law and regulation](#)

Organisations should have work health and safety policies and procedures. These may include:

Manual handling techniques

Available services for mental health issues

Workplace environment (i.e. using ergonomic equipment)

First aid in the workplace

Reporting notifiable incidents

Risk assessment

The table below shows examples of manual handling policies and procedures.

Policies for Manual Handling	Procedures for Manual Handling
<ul style="list-style-type: none"> ▪ All employees must undergo training on proper manual handling techniques. ▪ Report any incidents or near misses related to manual handling. 	<p>Before performing manual handling tasks:</p> <ol style="list-style-type: none"> 1. Check the area for hazards. 2. Ask another staff member for assistance if needed.

The table below shows examples of policies and procedures relevant to available services for mental health issues.

Policies for Mental Health	Procedures for Mental Health
<ul style="list-style-type: none"> ▪ All employees must be aware of the mental health resources available. ▪ Employees are allocated a specific number of days of paid leave to seek outside mental health services. 	<p>When applying for time off to seek mental health services:</p> <ol style="list-style-type: none"> 1. File the request for time off at least two weeks ahead of time. 2. Indicate the number of days the time off will cover. 3. Indicate 'mental health' as the reason for the request. Do not specify any further for privacy purposes.

The table below shows examples of policies and procedures relevant to the workplace environment.

Policies for Storing Information	Procedures for Storing Information
<ul style="list-style-type: none"> ▪ Employee workstations must meet ergonomic standards. ▪ Employees must keep their workstations free from trash and food crumbs. 	<p>When meeting ergonomic standards:</p> <ol style="list-style-type: none"> 1. Adjust the seat height so your monitor is at eye level and your elbow meets the desk comfortably. 2. Ensure adequate lighting that is not too bright or too dim. 3. Ensure that your feet are touching the floor.

The table below shows examples of first aid policies and procedures.

Policies for Manual Handling	Procedure for Manual Handling
<ul style="list-style-type: none"> ▪ There must be at least one first aid officer for every 50 employees. ▪ All employees must be aware of the location and contents of the first aid kit. 	<p>When a first aid kit is used for a minor injury:</p> <ol style="list-style-type: none"> 1. Get clearance from the first aid officer. 2. Log the use of the first aid kit in the first aid logbook.



The table below shows examples of policies and procedures relevant to reporting notifiable incidents.

Policies for Mental Health	Procedure for Mental Health
<ul style="list-style-type: none"> ▪ All incidents involving serious injury to clients or staff members must be reported. ▪ Emergencies must be reported verbally to the supervisor and followed up by a written incident report after managing the situation. 	<p>When reporting notifiable incidents:</p> <ol style="list-style-type: none"> 1. Verbally inform your supervisor of the situation. 2. After the situation is handled, report the incident using the Incident Report Form. 3. E-mail a PDF of the completed form to your supervisor and team manager.

The table below shows examples of risk assessment policies and procedures.

Policies for Storing Information	Procedures for Storing Information
<ul style="list-style-type: none"> ▪ Before starting any new activity with a client, a risk assessment must be performed. ▪ Submit a copy of the risk assessment plan to your supervisor before documentation. 	<p>When conducting risk assessment:</p> <ol style="list-style-type: none"> 1. Identify all possible risks to the client, staff or others relevant to the activity. 2. Fill up the Risk Assessment Form. 3. Explain all risks to the client and request their consent to continue the activity.

You should follow work health and safety policies and procedures. It is one way of preventing workplace injuries. You should also utilise support and services when you need them.

3.5.2 Mandatory Reporting

Mandatory reporting is a legal requirement to report known or suspected abuse and neglect cases. It focuses on cases involving children. It may also concern adults in a residential service such as aged care and mental health facilities.

Service workers should adhere to mandatory reporting. Mandatory reporting requirements are built on human rights principles. Organisations must develop protective measures to ensure that risks to persons are properly reported and endorsed for action. At the national level, Commonwealth legislation, such as the Family Law Act 1975 (Cth), gives organisations and persons certain duties to report suspected cases of abuse. Each state and territory also has their own laws that set requirements for mandatory reporting. For example, each state and territory has a principal Act protecting children from abuse and neglect. There are also related Acts and legislation which support the principal Act.

Organisations should have policies to prevent abuse and neglect, especially if they provide services to children and elders. They should coordinate closely with law enforcement agencies whenever there are concerns or reports that anyone under their care is a possible victim of abuse and neglect. They should also have procedures on how to deal with suspected abuse. It may include:

- Who to contact
- How to contact
- What report or evidence should be submitted

The types of abuse you need to report include:

financial abuse

psychological abuse

neglect

physical abuse

sexual abuse.

You are responsible for identifying signs of abuse and neglect. Furthermore, you are expected to know how to handle situations where there is possible abuse and neglect. This involves knowing how to perform an initial investigation, submit a formal report to the authorities, record information relevant to the investigation, and keep the victim safe while the investigation is pending.

The legal basis of mandatory reporting guidelines can be found in state or territory legislation for child protection. Follow the links below for each state or territory's corresponding child protection legislation and guidelines.

State/Territory	Child Protection Legislation and Guidelines
Australian Capital Territory	Children and Young People Act 2008
New South Wales	Children and Young Persons (Care and Protection) Act 1998 No. 157
Northern Territory	Care and Protection of Children Act 2007
Queensland	Child Protection Act 1999 No. 10
South Australia	Children and Young People (Safety) Act 2017
Tasmania	Children, Young Persons and Their Families Act 1997
Victoria	Children, Youth and Families Act 2005
Western Australia	Children and Community Services Act 2004

Based on [Australian child protection legislation](#), [Australian Institute of Family Studies \(AIFS\)](#) on behalf of the Commonwealth of Australia, CC BY 4.0

Checkpoint! Let's Review



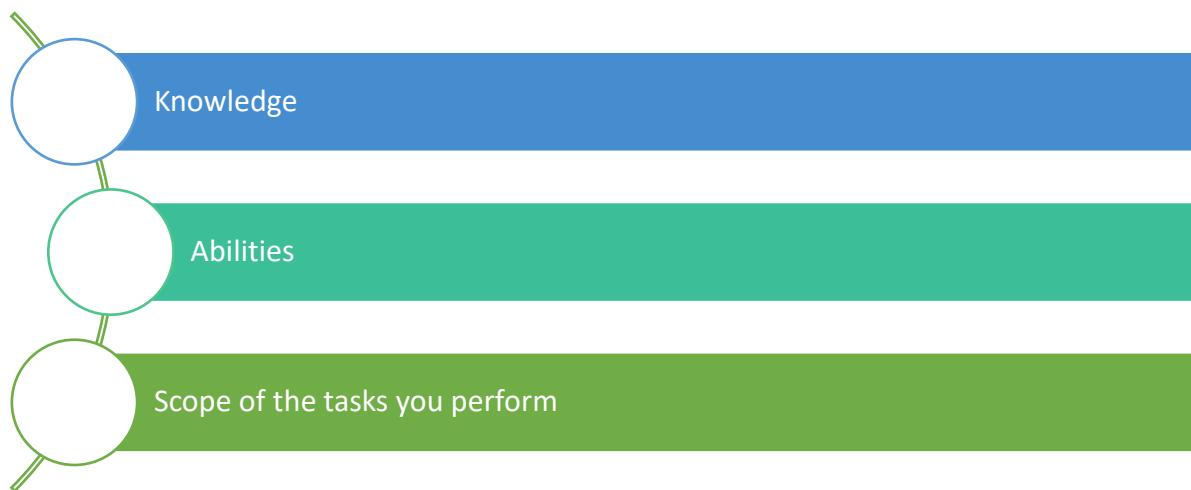
1. Distress involves experiencing unpleasant feelings, emotions and behaviours.
2. A mental health crisis is any situation wherein a person shows actions and emotions that can lead them to hurt other people or themselves.

3.6 Work Within Scope of Practice and Make Referrals as Required

As you work with the person, you will not know everything, you will not be able to do everything for them, and as a matter of fact, they do not require you to do everything. But most often than not, limitations are considered a negative thing.

In this Subchapter, you will learn that limitations are there to tell you the extent and boundaries of your role. You must know these limitations as these will guide you on how to work efficiently and effectively with the person.

These limitations define your role in relation to your:



Your *knowledge* means the information and facts you know and your understanding of something.

You must know what you should know to perform your work role. For example, when you work with a person with anxiety disorder, you must understand the basic things about anxiety disorder. This includes understanding what anxiety disorder means, the common symptoms, and other things related to anxiety disorder. Knowing these things aids you in understanding the person and their condition and performing your task well.

However, aside from knowing what you should know, you must also know what you do not know. Knowing and admitting that you are unfamiliar with something will avoid possible problems. For example, you work with a person with depression, but you are unsure what depression means. You only know that it involves the feeling of sadness. But instead of just relying on what you know, better to recognise that you are unsure and need help from someone more knowledgeable.

Your own *abilities* mean your own potential to do certain tasks. Similar to knowledge, you must know the abilities required of you to perform your work role. For example, you work with someone who wants to know the services she can use. And you know you are capable of explaining and recommending services to them.

But aside from knowing your abilities, you must also understand what you cannot do. For example, you are not yet capable of accomplishing progress notes. You must recognise this and seek help instead of guessing how to do it.

The *scope of your task* details your duties and responsibilities based on your position or work role.

At an international level, the framework for *work role boundaries* is set by international standards and codes related to certain industries and occupations. For example, the [International Standard Classification of Occupations \(ISCO\)](#) sets the responsibilities and limitations of different work roles based on skill levels.

The national legal framework for work role boundaries can be found in the Fair Work Act 2009. This law guides productive and inclusive workplace relations through provisions on:

Terms and conditions of employment

Rights and responsibilities of employees, employers and organisations

Based on content from the Federal Register of Legislation at 17 February 2023. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Fair Work Act 2009, used under CC BY 4.0

Workers in the community and health services have varying responsibilities. You may find your specific duties in your job contract and organisational policies. Limitations may not be explicitly stated, but you should refrain from doing tasks not specified in relevant documents. However, sometimes, a supervisor may require you to do additional jobs within your knowledge and skills.

Study the table below for examples of responsibilities and limitations.

Occupation	Responsibilities	Limitations
Mental Health Peer Worker	<ul style="list-style-type: none"> ▪ Supports persons in setting their goals ▪ Refers persons to relevant services ▪ Recommends techniques to persons to support their recovery 	<ul style="list-style-type: none"> ▪ Cannot diagnose mental health illness ▪ Can only provide advice up to their level of knowledge and training

To ensure that you are working within the limits of your own knowledge abilities and work role, you must:

- Understand your work role well
- Learn your duties, roles and responsibilities
- Work within the rules and regulations of your organisation

Also, be reminded of the following:

Identify the gaps between what you know and can do and what is your task.

- Make necessary improvements to bridge the gap.

Admit when you do not know something.

Do not make assumptions based on your own knowledge.

Ask help and questions when you are uncertain about something.

Doing these things ensures you work effectively and efficiently with the person. Also, these things allow you to reflect on your abilities and knowledge and seek development when needed.

You may refer to your roles and responsibilities to better understand your limitations in terms of your own knowledge, abilities and work role.

3.6.1 Rights and Responsibilities of Workers and Employers

Workers and employers have rights and responsibilities as stated in international treaties and implemented through national laws. Rights are entitlements that belong to every person in a group for which the rights are written. These rights come with responsibilities that ensure that, while a person is granted rights, they must exercise these rights in a way that does not step on the rights of others. The rights of workers and employers are summarised below:

Rights	Explanation
Right to fair and safe working conditions	Workers and employers have the right to have their safety protected in the workplace. This includes assurance of physically safe working spaces through sufficient risk assessment. This also includes ensuring fair working conditions, such as standard working hours and wages.
Right to privacy and confidentiality	Workers and employers have the right to keep their personal information private. This means their personal information must not be disclosed to the people in their care unless necessary. Therefore, irrelevant information, such as their address or medical status, must be kept private.
Right to access professional development opportunities	Workers and employers have the right to access training to help them develop professionally. These may include attending seminars or receiving support in getting professional certifications.
Right to be protected from discrimination and harassment in the workplace	Workers and employers have the right to protect against unfair workplace discrimination. This means they must be protected against negative treatment based on age, sex, race, disability, etc. They also have the right to be protected against physical, emotional or mental harassment. This means there should be policies in place that prevent workplace bullying, threats or intimidation towards anyone.

Rights	Explanation
Right to join a union	<p>Workers and employers have the right to join work unions relevant to their industry. A mental health union is an association that aims to advocate for the best interest of mental health professionals. An employer cannot punish a worker for joining a union.</p> <p>Workers and employers also have the right to participate in collective bargaining. This is when the workers and the employers work together to agree on certain issues, such as wages and benefits.</p>

The international organisation that handles labour-related issues is the International Labour Organisation (ILO). The ILO is an agency under the United Nations that sets guidelines that promote labour standards, including the rights of workers and employers. Standards developed by the ILO are submitted to the Australian Parliament for enactment and applications of legislation that would enforce these standards.

You are charged with general and role-specific responsibilities when you engage in work. In the table below, you can see the general responsibilities of workers and employers.

Responsibilities of Workers	Responsibilities of Employers
Avoiding work practices that are harmful to the health and safety of yourself or others	Ensuring a safe work environment and providing protective equipment, if necessary
Knowing what to do if the employer is not meeting their responsibilities	Ensuring that workers are free from discrimination and bullying
Knowing and understanding the terms and conditions of employment	Ensuring that workers receive all due entitlements

Based on [Know your workplace rights and responsibilities](#), used under CC BY 4.0.
 © Commonwealth of Australia 2017

In the mental health sector, The Mental Health Statement of Rights and Responsibilities 2012 outlines the rights and responsibilities of people with mental illness and those who provide the service. Specifically, these rights and responsibilities are outlined in the following:

- Part V: Rights and responsibilities of carers and support persons
- Part VI: Rights and responsibilities of people who provide services

Further Reading



You may access the Mental Health Statement of Rights and Responsibilities 2012 through the link below.

[Mental health statement of rights and responsibilities 2012](#)

To adhere to compliance requirements, your organisational policies and procedures must contain provisions that dictate and uphold the rights and responsibilities of workers and the employer. The primary laws covering the rights and responsibilities of workers and employers are the following:

Laws Covering the Rights and Responsibilities of Workers and Employers

Fair Work Act 2009

Work Health and Safety Act 2011

3.6.2 Make Referrals to Other Services as Indicated by the Person's Needs

You may refer the persons if their needs are beyond your role and responsibilities. A *referral* connects to other staff and support services outside of your expertise. Referrals are also made when someone challenges your ability to provide the support they need. A referral means asking other workers to deliver care for a specific purpose.

A referral means asking other personnel to handle their care for a specific purpose. Below are other instances when the person must be referred:

- The person asks for support about a particular support need.
- The current service provider cannot meet the needs of the person.

Some of the people you may refer the person to include your supervisor and trusted and experienced co-workers. In some cases, specialists are also required. In essence, the type of referral will mainly depend on what the person requires. For example, a person with a speech impairment may be referred to a speech pathologist. A person discouraged by their alcohol issues may be referred to a support group. Someone experiencing emotional and psychological stress may need the help of a psychologist.

Referrals to Relevant Personnel

When you identify tasks you are not qualified to do, you should know how to refer them to someone else. You might have to refer these situations to your supervisor. They will then decide who can handle each specific situation. You might also have to refer situations to a health professional. Knowing whom to refer a situation is vital to handle it appropriately. To refer situations to relevant personnel, you should know the following:



- **Roles of others**
 - Identify who is responsible for a task.
 - Refer the situation to your supervisor or a health professional.
- **Your organisation's referral policies**
 - Identify the rules your organisation follows regarding referring situations outside your job scope.
 - Learn about whom you must inform in the organisation when referring to a situation outside your job scope.
- **Your organisation's referral procedures**
 - Identify the steps your organisation follows when referring situations outside your job scope.
 - Keep a record of the referral for official purposes.

Types of Referrals

There are different ways in which you may refer the person to other relevant personnel or other specialist services if deemed necessary.

Below are the two referral approaches you may employ depending on the needs of the person:

Referral	Description
Passive referral	This is also known as a cold referral. This is a kind of referral wherein workers provide relevant information about a service to persons. This means that the person must contact the service provider (e.g. after giving the person a business card or name and phone number for a local resource).
Active referral	This is also known as a warm referral. This is a kind of referral wherein workers discuss other services to gain consent to get in touch with the other service/s. With the person's consent, the worker then makes an appointment for the person or, in some other cases, personally takes the person to their first appointment with the service.

At times, you will need to advocate for their person to ensure access to adequate support and the involvement of relevant services. Be clear about the need for which you are advocating and why the involvement of others is critical.

Sometimes, a person may wish to refer themselves to a service. This is desirable, so, where possible, the person should be encouraged to self-refer. Persons need to:

Be aware of how to approach service providers and make their needs known

Have skills in communicating to express what they need to find out about their responsibilities

Have the confidence to ask questions and approach new people

Be literate so they can read information from the service provider and fill out appropriate forms

It is your responsibility to find out about the person's level of competence by accessing other assessments, watching the person, interacting with them, speaking with other stakeholders and asking the person.

You shall ensure that persons are equipped to self-refer. To assist the person in advocating on their own behalf and in promoting their autonomy, you should:

- Provide the person with information about how to self-refer
- Help the person develop communication skills through role-plays
- Encourage the person by providing positive feedback and engaging in other reaffirming activities

Multimedia



The video below provides helpful tips for making referrals.

[Making referrals for patients & families](#)

Checkpoint! Let's Review



1. Limitations tell the extent and boundaries of the work role.
2. A referral connects to other staff and support services outside of your expertise.



Learning Activity for Chapter 3



Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

References

- Age Discrimination Act 2004* (Cth). <https://www.legislation.gov.au/Series/C2004A01302>
- Aged & Community Care Providers Association.* (2021, October 5). <https://www.accpa.asn.au/>
- Anti-Discrimination Act 1991 No. 85 (Qld).*
<https://www.legislation.qld.gov.au/view/html/inforce/current/act-1991-085/lh>
- Anti-Discrimination Act 1992 (NT).*
<https://legislation.nt.gov.au/Pages/Act%20History?itemId=cc1a6ed7-3bde-4590-85ad-903f88351258>
- Anti-Discrimination Act 1997 No 48 (NSW).*
<https://legislation.nsw.gov.au/view/html/inforce/current/act-1977-048/lh>
- Anti-Discrimination Act 1998 (Tas).*
<https://www.legislation.tas.gov.au/view/html/inforce/current/act-1998-046/lh>
- Archives Act 1983* (Cth). <https://www.legislation.gov.au/Series/C2004A02796>
- Archives Act 1983* (Tas). <https://www.legislation.tas.gov.au/view/html/inforce/current/act-1983-076>
- APEC. (2005, December). *APEC privacy framework* [Reports].
<https://www.apec.org/publications/2005/12/apec-privacy-framework#:~:text=The%20APEC%20Privacy%20Framework%20promotes,unnecessary%20barriers%20to%20information%20flows.>
- Australian Capital Territory Human Rights Commission. (2018). *Human rights*. ACT Human Rights Commission. <https://hrc.act.gov.au/humanrights/>
- Australian Capital Territory (ACT). (n.d.). *Child Abuse Royal Commission. YOUR SAY CONVERSATIONS.* Retrieved February 17, 2023, from <https://yoursayconversations.act.gov.au/childabuseroyalcommission>
- Australian Capital Territory (ACT). (2020, October 1). *Codes of practice*. WorkSafe ACT. <https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice>
- Australian Counselling Service. (n.d.). *Australian Counselling Service / Subsidised counselling services / ACS*. Retrieved February 17, 2023, from www.acscounselling.com.au
- Australian Government Department of Home Affairs. (2020, January 30). *Access and equity. Multicultural affairs.* <https://www.homeaffairs.gov.au/about-us/our-portfolios/multicultural-affairs/about-multicultural-affairs/access-and-equity>

Australian Human Rights Commission. (n.d.-a). *Appendix B: Types of mental illness*. Retrieved February 17, 2023, from <https://humanrights.gov.au/our-work/appendix-b-types-mental-illness>

Australian Human Rights Commission. (n.d.-b). *Links & resources*. Child Safe Organisations. Retrieved February 17, 2023, from <https://childsafe.humanrights.gov.au/tools-resources/links-resources>

Australian Human Rights Commission. (n.d.-c). *National principles*. Child Safe Organisations. Retrieved February 17, 2023, from <https://childsafe.humanrights.gov.au/national-principles>

Australian Human Rights Commission. (n.d.-d). *Quick guide to discrimination law*. Retrieved February 17, 2023, from <https://humanrights.gov.au/education/employers/quick-guide-discrimination-law>

Australian Human Rights Commission. (1969, January 4). *International Convention on the Elimination of All Forms of Racial Discrimination*. <https://humanrights.gov.au/our-work/commission-general/international-convention-elimination-all-forms-racial-discrimination>

Australian Human Rights Commission. (1976a, January 3). *International Covenant on Economic, Social and Cultural Rights*. <https://humanrights.gov.au/our-work/commission-general/international-covenant-economic-social-and-cultural-rights-human-rights>

Australian Human Rights Commission. (1976b, March 23). *International Covenant on Civil and Political Rights*. <https://humanrights.gov.au/our-work/commission-general/international-covenant-civil-and-political-rights-human-rights-your>

Australian Human Rights Commission. (1981, September 3). *The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*. <https://humanrights.gov.au/our-work/sex-discrimination/convention-elimination-all-forms-discrimination-against-women-cedaw-sex>

Australian Human Rights Commission. (1987, June 26). *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*. <https://humanrights.gov.au/our-work/commission-general/convention-against-torture-and-other-cruel-inhuman-or-degrading>

Australian Human Rights Commission. (1990, September 2). *Convention on the Rights of the Child*. <https://humanrights.gov.au/our-work/childrens-rights/convention-rights-child>

Australian Human Rights Commission. (2008, August 16). *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)*. <https://humanrights.gov.au/our-work/disability-rights/united-nations-convention-rights-persons-disabilities-uncrpd>

Australian Human Rights Commission. (2013, June 18). *Human rights based approaches*. <https://humanrights.gov.au/our-work/rights-and-freedoms/human-rights-based-approaches>

Australian Human Rights Commission. (2021). *Legislation*. <https://humanrights.gov.au/our-work/legal/legislation>

Australian Human Rights Commission Act 1986 (Cth).
<https://www.legislation.gov.au/Series/C2004A03366>

Australian Institute of Family Studies (AIFS). (2021, June). *Pre-employment screening: Working with children checks and police checks*. <https://aifs.gov.au/resources/resource-sheets/pre-employment-screening-working-children-checks-and-police-checks>

Australian Institute of Family Studies (AIFS). (2022, August). *Australian child protection legislation*. <https://aifs.gov.au/cfca/publications/australian-child-protection-legislation>

Australian Institute of Health and Welfare. (2020, January 16). *Mental health promotion*. METEOR. <https://meteor.aihw.gov.au/content/721782>

Australian Institute of Health and Welfare. (2022a, July 7). *Health promotion and health protection*. AIHW. <https://www.aihw.gov.au/reports/australias-health/health-promotion>

Australian Institute of Health and Welfare. (2022b, December 22). *Expenditure*. Mental health. <https://www.aihw.gov.au/mental-health/topic-areas/expenditure>

Australian Institute of Health and Welfare. (2022c, December 22). *Prevalence and impact of mental illness*. Mental health. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/prevalance-impact-and-burden>

Australian Institute of Health and Welfare. (2023, January 19). *Workforce*. Mental health. <https://www.aihw.gov.au/mental-health/topic-areas/workforce>

Australian Trade and Investment Commission. (2021). *Resilient economy*. Why Australia. <https://www.austrade.gov.au/benchmark-report/resilient-economy>

Beyond Blue Ltd. (2021). *Beyond Blue*. <https://www.beyondblue.org.au/>

- Care and Protection of Children Act 2007 (NT).*
<https://legislation.nt.gov.au/Pages/Act%20History?itemId=5d61983c-2cd5-466c-965f-5072f23d3abc>
- Child Protection Act 1999 No. 10 (Qld).*
<https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-010/lh>
- Child Protection (Working with Children) Act 2021 No 51 (NSW).*
<https://legislation.nsw.gov.au/view/html/inforce/current/act-2012-051/lh>
- Child Safety (Prohibited Persons) Act 2016 (SA).*
[https://www.legislation.sa.gov.au/lz?path=%2FC%2FA%2FCHILD%20SAFETY%20\(PR%20HIBITED%20PERSONS\)%20ACT%202016](https://www.legislation.sa.gov.au/lz?path=%2FC%2FA%2FCHILD%20SAFETY%20(PR%20HIBITED%20PERSONS)%20ACT%202016)
- Children and Community Services Act 2004 (WA).*
https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a9243_currencies.html
- Children and Young People Act 2008 (ACT).* <https://www.legislation.act.gov.au/a/2008-19/>
- Children and Young People (Safety) Act 2017 (SA).*
[https://www.legislation.sa.gov.au/LZ/C/A/Children and Young People \(Safety\) Act 2017.aspx](https://www.legislation.sa.gov.au/LZ/C/A/Children%20and%20Young%20People%20(Safety)%20Act%202017.aspx)
- Children and Young Persons (Care and Protection) Act 1998 No 157 (NSW).*
<https://legislation.nsw.gov.au/view/html/inforce/current/act-1998-157/lh>
- Children, Young Persons and Their Families Act 1997 (Tas).*
<https://www.legislation.tas.gov.au/view/html/inforce/current/act-1997-028/lh>
- Children, Youth and Families Act 2005 (Vic).* <https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/125>
- Commissioner for Children and Young People WA. (n.d.). *Child safe organisations.* Commissioner for Children and Young People Western Australia. Retrieved February 17, 2023, from <https://www.ccyp.wa.gov.au/our-work/resources/child-safe-organisations/>
- Commonwealth of Australia. (n.d.-a). *Disability employment services.* Job Access. Retrieved February 17, 2023, from <https://www.jobaccess.gov.au/people-with-disability/available-support/1631>
- Commonwealth of Australia. (n.d.-b). *The national mental health and suicide prevention agreement.* Federal Financial Relations. <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>

- Commonwealth of Australia. (2009, January 1). *National mental health policy 2008*. Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/national-mental-health-policy-2008>
- Commonwealth of Australia. (2010, December 3). *National standards for mental health services 2010 and implementation guidelines*. Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/national-standards-for-mental-health-services-2010-and-implementation-guidelines>
- Commonwealth of Australia. (2012a, November 1). *Mental health statement of rights and responsibilities 2012*. Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/mental-health-statement-of-rights-and-responsibilities-2012>
- Commonwealth of Australia. (2012b). *Part III: The promotion of mental health and the prevention of mental illnesses*. Department of Health and Aged Care. <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/pub-sqps-rights-toc~pub-sqps-rights-3>
- Commonwealth of Australia. (2013a, August 15). *A national framework for recovery-oriented mental health services: Guide for practitioners and providers*. Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers>
- Commonwealth of Australia. (2013b, November 1). *National practice standards for the mental health workforce 2013*. Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/national-practice-standards-for-the-mental-health-workforce-2013>
- Commonwealth of Australia. (2016, December 8). *Law and regulation*. Safe Work Australia. <https://www.safeworkaustralia.gov.au/law-and-regulation>
- Commonwealth of Australia. (2021a, October 1). *Know your workplace rights and responsibilities*. Job Jumpstart. <https://www.jobjumpstart.gov.au/article/know-your-workplace-rights-and-responsibilities>
- Commonwealth of Australia. (2021b). *Lead the Commonwealth child safe framework*. National Office for Child Safety. <https://childSafety.pmc.gov.au/what-we-do/commonwealth-child-safe-framework>
- Commonwealth of Australia. (2022a, October 25). *Budgets*. Department of Health and Aged Care. <https://www.health.gov.au/corporate-reporting/budgets>

Commonwealth of Australia. (2022b). *Australia's anti-discrimination law*. Attorney-General's Department. <https://www.ag.gov.au/rights-and-protections/human-rights-and-anti-discrimination/australias-anti-discrimination-law>

Commonwealth of Australia. (2022c). *International human rights system*. Attorney-General's Department. <https://www.ag.gov.au/rights-and-protections/human-rights-and-anti-discrimination/international-human-rights-system>

Commonwealth of Australia (National Archives of Australia). (2019). *Information management legislation*. NAA. <https://www.naa.gov.au/information-management/information-management-legislation>

Community Services Directorate. (2021, June 30). *Legislation and policies*. <https://www.communityservices.act.gov.au/ocyfs/families-and-carers/carer-handbook/legislation-and-policies>

Council of Europe. (2001, November 8). *Convention 108 and protocols*. <https://www.coe.int/en/web/data-protection/convention108-and-protocol#:~:text=The%20Convention%20for%20the%20Protection>

DHS. (2021, August 12). *Departmental legislative framework*. human services. <https://dhs.sa.gov.au/about-us/departmental-legislative-framework>

DHS. (2022, December 13). *National principles for child safe organisations*. human services. <https://dhs.sa.gov.au/services/community-and-family-services/child-safe-environments/national-principles-for-child-safe-organisations>

Disability Discrimination Act 1992 (Cth). <https://www.legislation.gov.au/Series/C2004A04426>

Discrimination Act 1991 (ACT). <https://www.legislation.act.gov.au/a/1991-81>

Equal Opportunity Act 1984 (SA). [https://www.legislation.sa.gov.au/lz/c/a/equal opportunity act 1984.aspx](https://www.legislation.sa.gov.au/lz/c/a/equal%20opportunity%20act%201984.aspx)

Equal Opportunity Act 1984 (SA). <https://www.legislation.sa.gov.au/lz?path=%2FC%2FA%2FEQUAL%20OPPORTUNITY%20ACT%201984>

Equal Opportunity Act 1984 (WA). https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a253_currencies.html

Equal Opportunity Act 2010 (Vic). <https://www.legislation.vic.gov.au/in-force/acts/equal-opportunity-act-2010/021>

Fair Work Act 2009 (Cth). <https://www.legislation.gov.au/Series/C2009A00028>

Family Services Australia Limited. (n.d.). *Family Services Australia - Safer children, stronger families*. Retrieved February 17, 2023, from <https://familyservices.org.au>

Government of South Australia. (n.d.). *Policy governance*. SA Health. <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/governance/policy+governance/policy+governance?mr-pg=1>

Government of South Australia. (2020a, January 28). *Codes of practice*. SafeWork SA. <https://www.safework.sa.gov.au/resources/codes-of-practice>

Government of South Australia. (2020b, January 28). *Legislation*. SafeWork SA. <https://www.safework.sa.gov.au/resources/legislation#WHS>

Government of Tasmania. (n.d.). *Laws and compliance*. WorkSafe Tasmania. Retrieved February 17, 2023, from <https://worksafe.tas.gov.au/topics/laws-and-compliance>

Government of Tasmania. (2022a, April 4). *Codes of practice*. WorkSafe Tasmania. <https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice>

Government of Tasmania. (2022b, July 25). *Child safe organisations*. Consumer, Building and Occupational Services. <https://cbos.tas.gov.au/topics/licensing-and-registration/work-with-vulnerable-people/resources/child-safe-organisations>

Head to Health. (n.d.). *What is Head to Health?* Retrieved February 17, 2023, from <https://www.headtohealth.gov.au/about-us>

Information Act 2002 (NT). <https://legislation.nt.gov.au/Pages/ActHistory?itemId=4d99d82b-6dd8-4a25-803f-908c3258c004>

International Labour Organization. (n.d.). *International standard classification of occupations (ISCO)*. Retrieved February 17, 2023, from <https://ilostat.ilo.org/resources/concepts-and-definitions/classification-occupation/>

Intersoft Consulting. (2018). *General data protection regulation GDPR*. <https://gdpr-info.eu/>

ISO. (2019). *ISO 15489-1:2016(en) Information and documentation — Records management — Part 1: Concepts and principles*. <https://www.iso.org/obp/ui/#iso:std:iso:15489:-1:ed-2:v1:en>

Mental Health Act 2007 No 8 (NSW). <https://legislation.nsw.gov.au/view/html/inforce/current/act-2007-008>

Mental Health Act 2009 (SA). <https://www.legislation.sa.gov.au/lz?path=%2FC%2FA%2FMENTAL%20HEALTH%20ACT%202009>

Mental Health Act 2013 (Tas). <https://www.legislation.tas.gov.au/view/html/inforce/current/act-2013-002>

Mental Health Act 2014 (Vic). <https://www.legislation.vic.gov.au/in-force/acts/mental-health-act-2014/022>

Mental Health Act 2014 (WA).
https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrttitle_13534_ho mepage.html

Mental Health Act 2015 (ACT). http://www6.austlii.edu.au/cgi-bin/viewdb/au/legis/act/consol_act/mha2015128/

Mental Health Act 2016 (Qld). <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/about#reports>

Mental Health and Related Services Act 1998 (NT).
<https://legislation.nt.gov.au/en/Legislation/MENTAL-HEALTH-AND-RELATED-SERVICES-ACT-1998>

National Mental Health Commission. (n.d.-a). *Economics of mental health – The case for investment in prevention and promotion*. Retrieved February 17, 2023, from <https://www.mentalhealthcommission.gov.au/lived-experience/contributing-lives,-thriving-communities/economics-of-mental-health-in-australia>

National Mental Health Commission. (n.d.-b). *Pandemic response plan*. Retrieved February 17, 2023, from <https://www.mentalhealthcommission.gov.au/projects/national-disaster-response/pandemic-response-plan>

National Mental Health Commission. (n.d.-c). *Prevention and promotion – Literature review and scoping study*. Retrieved February 17, 2023, from <https://www.mentalhealthcommission.gov.au/Lived-Experience/Contributing-Lives,-Thriving-Communities/Economics-of-Mental-Health-in-Australia/Prevention-and-Promotion>

National Mental Health Commission. (n.d.-d). *The fifth national mental health and suicide prevention plan*. Retrieved February 17, 2023, from <https://www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/Fifth-Plan>

National Mental Health Commission. (n.d.-e). *Vision 2030*. Retrieved February 17, 2023, from <https://www.mentalhealthcommission.gov.au/projects/vision-2030>

Northern Territory Government of Australia (2021a, August 11). *NT health strategies*. NT Health. <https://health.nt.gov.au/governance-strategies-committees/nt-health-strategies>

Northern Territory Government of Australia. (2021b, November 3). *Northern Territory social outcomes framework*. Department of the Chief Minister and Cabinet. <https://cmc.nt.gov.au/children/northern-territory-social-outcomes-framework>

Northern Territory Government of Australia. (2021c, December 2). *Conduct, ethics and integrity*. Department of Education. <https://education.nt.gov.au/policies/conduct>

Northern Territory Government of Australia. (2022, October 13). *Workplace safety laws*. NT WorkSafe. <https://worksafe.nt.gov.au/laws-and-compliance/workplace-safety-laws>

Northern Territory Government of Australia. (2023, February 20). *Codes of practice*. NT WorkSafe. <https://worksafe.nt.gov.au/forms-and-resources/codes-of-practice>

NSW Office of the Children's Guardian. (2022, February 3). *Code of conduct*. <https://ocg.nsw.gov.au/employing-children-acting-and-modelling/steps-employing-children/code-conduct>

NSWMentalHealthCommission. (2016, January 20). *Recovery-oriented mental health services - Broken Hill, NSW [Video]*. YouTube. <https://www.youtube.com/watch?v=E4YEF7HjMwo>

Office of the Australian Information Commissioner. (n.d.-a). *Consent to the handling of personal information*. OAIC. Retrieved February 17, 2023, from <https://www.oaic.gov.au/privacy/your-privacy-rights/your-personal-information/consent-to-the-handling-of-personal-information>

Office of the Australian Information Commissioner. (n.d.-b). *Privacy in your state*. OAIC. Retrieved February 17, 2023, from <https://www.oaic.gov.au/privacy/privacy-in-your-state>

Parliament of Australia. (2019). *Chapter 7 - Promotion, prevention and early intervention*. Retrieved June 23, 2023, from https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mentalhealth/report/c07

Pattoni, L. (2012, May 1). *Strengths-based approaches for working with individuals*. Iriss. <https://www.iriss.org.uk/resources/insights/strengths-based-approaches-working-individuals>

Prevention United. (n.d.). *What is mental health promotion?* Retrieved February 17, 2023, from <https://preventionunited.org.au/how-prevention-works/what-is-mental-health-promotion/#:~:text=Mental%20health%20promotion%20focuses%20on>

Privacy Act 1988 (Cth). <https://www.legislation.gov.au/Series/C2004A03712>

Public Records Act 2002 (Qld). <https://www.legislation.qld.gov.au/view/html/inforce/current/act-2002-011>

Queensland Human Rights Commission. (2019). *Human rights*. <https://www.qhrc.qld.gov.au/your-rights/human-rights-law>

Racial Discrimination Act 1975 (Cth). <https://www.legislation.gov.au/Series/C2004A00274>

Science in Motion. (2020, July 25). *Making referrals for patients & families* [Video]. YouTube. <https://www.youtube.com/watch?v=jihEzJ4qtn0>

Sex Discrimination Act 1984 (Cth). <https://www.legislation.gov.au/Series/C2004A02868>

State of New South Wales NSW Ministry of Health. (2020, July 1). *Corporate governance and accountability compendium*. <https://www.health.nsw.gov.au/policies/manuals/Pages/corporate-governance-compendium.aspx>

State of New South Wales NSW Ministry of Health. (2022a, May 19). *What is a person-led approach?* <https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/person-centred.aspx>

State of New South Wales NSW Ministry of Health. (2022b, May 19). *What is empowerment?* <https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/empowerment.aspx>

State of New South Wales NSW Ministry of Health. (2022c, August 24). *What is a recovery oriented approach?* <https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/recovery.aspx>

State of New South Wales (Department of Communities and Justice). (2021, May 13). *The NSW human services outcomes framework*. <https://www.facs.nsw.gov.au/resources/human-services-outcomes-framework>

State of New South Wales (SafeWork NSW). (n.d.). *List of codes of practice*. <https://www.safework.nsw.gov.au/resource-library/list-of-all-codes-of-practice>

State of New South Wales (SafeWork NSW). (2019, February 7). *Legislation*. <https://www.safework.nsw.gov.au/legal-obligations/legislation>

State of Victoria. (n.d.). *Frameworks*. Health and Human Services. Retrieved February 17, 2023, from <https://www.dhhs.vic.gov.au/publications/frameworks>

State of Victoria (Department of Education and Training). (2021, February 15). *Duty of care*. <https://www2.education.vic.gov.au/pal/duty-of-care/policy>

State of Victoria (The Victorian Equal Opportunity and Human Rights Commission). (n.d.-a). *Australia's human rights framework*. Retrieved February 17, 2023, from <https://www.humanrights.vic.gov.au/legal-and-policy/australias-human-rights-framework/>

State of Victoria (The Victorian Equal Opportunity and Human Rights Commission). (n.d.-b). *Victoria's human rights laws*. Retrieved February 17, 2023, from <https://www.humanrights.vic.gov.au/legal-and-policy/victorias-human-rights-laws/>

State of Western Australia. (2016). *Policy frameworks*. Department of Health. <https://ww2.health.wa.gov.au/About-us/Policy-Frameworks>

State of Western Australia (Department of Mines, Industry Regulation and Safety). (2022, October 26). *Approved codes of practice*. <https://www.commerce.wa.gov.au/worksafe/approved-codes-practice>

State Records Act 1997 (SA). <https://www.legislation.sa.gov.au/lz?path=%2FC%2FA%2FSTATE%20RECORDS%20ACT%201997>

State Records Act 1998 No 17 (NSW). <https://legislation.nsw.gov.au/view/html/inforce/current/act-1998-017>

State Records Act 2000 (WA). https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrttitle_924_homepage.html

Territory Records Act 2002 (ACT). <https://www.legislation.act.gov.au/a/2002-18/default.asp>

The Salvation Army. (2019). *Financial assistance*. <https://www.salvationarmy.org.au/need-help/financial-assistance/>

The State of Queensland. (2018a, September 5). *Better communication*. <https://www.qld.gov.au/disability/community/communicating>

The State of Queensland. (2018b). *Codes of practice*. WorkSafe.qld.gov.au. <https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice>

The State of Queensland. (2022a, September 6). *Quality standards*. <https://www.qld.gov.au/community/community-organisations-volunteering/quality-standards-collaboration>

The State of Queensland. (2022b, September 23). *Work health and safety laws*. WorkSafe.qld.gov.au. <https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws>

The State of Queensland (Queensland Health). (2015, July 7). *Department of Health policy framework*. <https://www.health.qld.gov.au/system-governance/policies-standards/framework>

Thriveworks. (2020, June 24). *What effects can discrimination have on one's mental health?* [Video]. YouTube. <https://www.youtube.com/watch?v=8sk1goL5pDQ>

United Nations. (1948, December 10). *Universal Declaration of Human Rights*. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

United Nations. (2021). *Data protection and privacy legislation worldwide*. UNCTAD. <https://unctad.org/page/data-protection-and-privacy-legislation-worldwide>

Victoria Legal Aid. (2014). *Introduction to the Mental Health Act 2014*.
<https://www.legalaid.vic.gov.au/introduction-mental-health-act-2014>

Victorian Health Promotion Foundation (VicHealth). (2020, September 28). *The primary prevention of mental health conditions*.
<https://www.vichealth.vic.gov.au/search/primary-prevention-of-mental-health-conditions>

WebMD Editorial Contributors. (2021, April 21). *Types of mental illness*. WebMD.
<https://www.webmd.com/mental-health/mental-health-types-illness>

Work Health and Safety Act 2011 (ACT). <https://www.legislation.act.gov.au/a/2011-35/>

Work Health and Safety Act 2011 (Cth). <https://www.legislation.gov.au/Series/C2011A00137>

Work Health and Safety Act 2020 (WA).
https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a147282.html

Workforce Australia. (n.d.). *Workforce Australia for individuals*. Retrieved February 17, 2023, from <https://www.workforceaustralia.gov.au/>

Working with Children (Criminal Record Checking) Act 2004 (WA).
https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a9277_currencies.html

Working with Children (Risk Management and Screening) Act 2000 No. 60 (Qld).
<https://www.legislation.qld.gov.au/view/html/inforce/current/act-2000-060/lh>

Working with Vulnerable People (Background Checking) Act 2011 (ACT)
<https://www.legislation.act.gov.au/a/2011-44/>

WorkSafe Victoria. (2022a, July 30). *Occupational health and safety act and regulations*.
<https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and-regulations>

WorkSafe Victoria. (2022b, September 16). *Laws and regulations*.
<https://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice>

End of Document