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Part 1: Identify and Build Resilience

Section 1. Identify and build resilience and capacity in the person's care network and community of choice

Introduction

As a worker in the mental health sector, one of your roles may be to work with a client (consumer) as they go through their recovery process.

This means that you need to:

- work collaboratively with the client
- understand the client’s needs, issues and illness
- clarify with the client the services that you will be providing them.

Working collaboratively

Regardless of our role, if we work in the community services and health sector, we must always work collaboratively with our clients—as well as with their family and significant others, as appropriate.

Why do we have to work collaboratively with clients? Do we not know what is best for them? The simple answer to this is that we do not know what is best for them—and it is their right to be consulted. Our interactions with our clients need to be not only collaborative but also client-centred.

Activity

Reflect on the reasons for collaboration with clients.

Feedback

Below are some reasons for client collaboration (client participation):

- It is the client’s democratic right and adheres to a client-centred approach to community health services practice and management.
- It is the ethical—it is unethical to simply impose our ideas and decisions on clients.
- The client is an individual and should be treated as such. Like everyone else, our clients are have their own ideas, needs and wants.
- The client is the one with the issues. They should have a say in any plans for them. Their participation allows us, as service providers, to be better able to respond to the client’s needs.
- If someone is part of the decision-making process, they are more likely to adhere to the decision than if the decision had been imposed on them.
- Our clients are often in a position of little power. Their participation is a way of making more equal the power relationship between worker and client.

Client participation, you can see, benefits not just the client but the worker as well.

Understand the client

Client needs, goals and strengths

Your supervisor has allocated you a client whom you need to support. The question is: Where do you begin?
You begin by understanding what the client’s needs are. What does the client need from you?

To understand client needs, you would look at the person’s recovery plan as well as speak to the person.

The client’s needs and goals go hand in hand. How can you work with them to achieve their goals? What strengths does the client have—that will help them meet their needs?

It is critical that you have this understanding before you do provide any support.

### Clarify goals (and strategies)

Part of our role is to clarify the goals of the client. Goals are very important to recovery plans. In fact, you could say that they are pivotal. Goals set out what the person wants to achieve—goals are like steps towards the ultimate goal which is recovery. Remember that goals can change at any time during the recovery process.

### Accommodating changes to goals (and strategies)

The goals and associated strategies specified on the recovery plan may change for a number of reasons.

One reason could be related to the client’s changing circumstances (eg, the client was going to re-train for a different kind of job but is now happy doing the work he had been trained for). Another possible reason could be that the client has gained a better understanding of his mental health issues and the triggers—and would like to change the strategies for achieving his goals.

### Guidelines on clarifying service requirements

Before you provide services to the client, you need to clarify with them what these services are.

Remember that services need to be aligned to the client’s goals on their recovery plan. See the example below.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Strengths</th>
<th>Interventions/strategies/services</th>
<th>Person responsible</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>To always have enough for rent, food etc</td>
<td>Motivated</td>
<td>Colm to conduct session on budgeting. Rahul to develop weekly budget with Colm’s help. Rahul to keep daily records of all expenses.</td>
<td>Colm and Rahul</td>
<td>Ongoing. Review weekly</td>
</tr>
</tbody>
</table>

Services may include:

- Basic budgeting workshops
- Behaviour therapy
- Basic motivational counselling by support worker
- Full counselling by a qualified counsellor
- Residential rehabilitation—eg detox service (if client has a substance use disorder)
- Support with finding employment
- Training (or re-training) for employment
- Referral to Housing Department—for public housing
- Support in accessing Centrelink benefits
- Group therapy sessions
- Recreational activities—to help overcome isolation
Support with various strategies to maintain mental health, eg help in keeping a diary

Referrals to other specialists or intervention from other agencies

It is important that the client is aware of the many services that may be available and the most effective way they can make use of these services to assist in their recovery plan.

Work collaboratively with person to determine relevance of services or activities to recovery

In trying to understand the client’s needs, it is not enough to simply rely on the client’s recovery plan. The plan will tell you what services and support the client needs—but these will be in general terms.

It is up to you to talk to client to get a more intimate and complete picture of what their needs are.

The recovery plan, for example, might say that the client needs ‘facilitation with employment’. You will need to find out exactly what this will involve. Is the client not employed? What type of work is the client interested in doing? Or perhaps the client is already in employment but is experiencing difficulties in coping with full-time work? Perhaps, helping the client find a job in the same field they have been working in may not be what the client wants. Perhaps, the client wants to re-train—so they can change the type of work they do.

Clients are encouraged to develop a partnership with the service from which they are seeking an intervention. This includes being an active participant in the process. Clients should be encouraged to:

- find out what range of treatment interventions may be available
- be aware of their condition (if the condition is drug dependency, in what way may it impact physically?)
- tell the counsellor/assessor of any religious/cultural beliefs that may affect the treatment intervention
- inform the counsellor/assessor of all current drug use
- keep appointments or inform the agency if a cancellation is necessary
- express any concerns or dissatisfaction to the counsellor/assessor.
- think over important decisions and consider all options
- behave in a manner that does not offend or cause alarm to others.

Clients, especially when under stress, intoxicated or withdrawing from drugs, do not always consider what responsibilities they may have. It is often up to the mental health worker to reinforce some of these issues.

The recovery plan may say that the client needs to take part in recreational activities. Here, you would need to talk to the client about their interests so that, together, you can work out what activities they could do,

The key is to listen to what the client says they need—and not to impose what you think they need.

Possible communication barriers

Remember, that, in some cases, you may face communication barriers—eg the client may not want to talk to you or the client may want to talk only about other matters that do not seem to be related to the information you are trying to obtain.

You will need to make sure you develop rapport and trust right from the outset—as you cannot proceed without this firmly in place. You will also need to try various communication strategies to get the client talking—eg; a question-and-answer format.
with you sitting behind a desk may not work while a chat in more informal surroundings may.

Confirm the person's understanding of the services and support to be provided

Remember that you need to confirm with the clients your understanding of their needs. This is something that you would do not just at the beginning when you first begin working with the client but continuously throughout your engagement with them—as client needs can change over time.

This may necessitate the utilisation of a variety of communication skills as; constructive feedback, paraphrasing, and confirmation of understanding and the asking of open and closed questions of the client to ascertain their understanding and comprehension of what is being communicated.

Recognise communication barriers that are a result of mental illness

When working with clients with mental illness and mental health issues, you need to be constantly assessing the client’s cognitive abilities. While clients might sit through the assessment process agreeing with you, offering information and nodding as you talk, they may also be distracted in their minds and not really focusing or absorbing the information being given.

If you do not pick up on this in the early stages of working with clients, you could spend a lot of time and resources needlessly going over the same ground.

Remember, communication not only means a client’s ability to talk. Communication involves talking (speech, sign language, pictures), listening, processing information and relating information to appropriate situations. Mental illness can often interfere with a client’s ability to process information and relate it to appropriate situations, while auditory hallucinations could interfere with a client’s ability to listen or internally process information.

Recognising these issues early on in the assessment process gives both you and the client the opportunity to acknowledge that these issues exist and to develop strategies to work towards overcoming or controlling them.

Strategies may include:

- the client having a personal advocate present to assist with some of the answers
- postponing the assessment or conducting the assessment in stages over a number of sessions.

Many agencies promote their services with prepared information such as:

- leaflets
- pamphlets
- posters
- newsletters
- policy documents
- phone line information
- Internet sites
- policy and procedures manuals.

Agencies might also organise media releases, advertisements or notices in the local paper.

Where the client is from a culturally and linguistically diverse (CALD) background, you may need to use appropriately trained and qualified translation and interpreting services. You can find further information about such services from agencies such as Multicultural Mental Health Australia; www.mmha.org.au
Gather the resources to facilitate service delivery, in line with person’s needs and the specifications of the recovery plan

Once the services have been agreed on and the client has given you consent for the services to be delivered, you will need to gather the resources you need for service delivery.

The services may be delivered by yourself, another person in your agency or by another agency. If you are the services deliverer, what would be some of the resources you would need?

Resources would include:

- Your time. Work out a client consultation plan with details such as how many times you will be meeting with your client, what the objectives of each meeting are and so on.
- Information and tools. As part of your support you may be providing workshops to your client, eg a workshop aimed at improving their budgeting skills. Make sure you have a useful ‘tool’ that the client can take away and fill in, eg a budget plan.

Summary

Remember that, typically, people with mental health issues or illnesses, retain their personality and, in most cases, their ability to make choices as part of taking responsibility for themselves—and it is their democratic right to be part of the decision-making about what is, after all, their life.

Our responsibility is to make sure that decisions are not imposed on them—and it is our professional obligation to support them so that they can make informed choices.
Section 2. Work within the context of the client’s experiences

**Introduction**

In this learning topic we will look more closely at the affects of having a mental illness on the client, their family and their life. We will examine how to work with clients from their own perception, and the value of a client’s experiences and dreams. We will examine the importance of strong social and financial supports, and look at the impact of having a mental illness on work and education. Finally we will provide examples of the loss experienced by clients when they are diagnosed with a mental illness and ways they might cope with this news.

At the end of this unit you should be able to work within the expectations and experiences of the client’s perspective and have a greater understanding of and empathy for the client’s situation.

**Working with clients**

As a community mental health or AOD worker you will be expected to have a certain amount of knowledge and skills in order to support your clients, but the client is the only person who has inside knowledge about what it is like to live their life. Individuals are usually the experts in their own lives.

Client experiences can vary greatly and can give you an insight into how to work with a client. For example, if a client has accessed a certain service before and had a terrible experience, it tells you not to refer the client to that service again.

Other types of experiences in client’s life can give you an understanding of the emotional or physical pain they have suffered. Discovering a client was abused as a child, or a client grew up on a farm, might help you understand why the client has difficulties in certain areas of their life. This then allows you to work with the client to develop appropriate plans and make relevant referrals.

**Working from a client-centred approach**

The client should be the main person who establishes not only what their problem is, but also what sort of help they need to solve or manage their problem. This is known as a client-centred approach. Regardless of whether a client has an intellectual disability, a mental illness, is old and frail, or addicted to a substance, they still have the right to be involved in the decisions that affect how they live.

Developing a client-centred approach can be difficult for community workers because it means relinquishing some of their power and that sometimes makes them feel uncomfortable. A client-centred approach is about developing a workable partnership with our clients. Working in collaboration with clients is a more equal and therefore a more empowering approach.

Here is a list of some of the ways you can promote a more equal relationship with your clients. Add your own ideas to this list.

You should:

- treat clients with respect at all times
- share information
- avoid using jargon
- explain any technical terms you use
- don’t present yourself as ‘the expert’—everybody has useful opinions and knowledge
• avoid describing a person’s situation to them in academic or theoretical terms, as this is usually unnecessary and unhelpful
• make sure that the physical space is safe and friendly for clients (e.g., avoid sitting behind a big desk).

Assessing client needs
Clients usually seek help with their problems because they want something to change. An intervention can be defined as any process used to facilitate change. Interventions vary greatly and can include therapy, counselling, group work, family interventions or community work approaches.

An intervention may be as simple as referring a client to another service, or may be as complex as devising a case management plan and providing intensive counselling.

Several factors determine which intervention we decide to use, for example the age of the client. Young people might prefer to work with other young people, while older people might wish to have a one-to-one relationship with a worker.

Some of the issues that can impact on the choice of intervention you use with clients include:

• the nature of the problem
• the stage the client is at in terms of change (e.g., is the client just thinking about giving up smoking or ready to give up smoking?)
• the severity of the problem (How much is it affecting their life?)
• whether the client is at risk (Are they likely to harm themselves or others?)
• whether a client is in a state of crisis when they see you (Does she or he need something to be done straight away?)
• whether or not a client has come in voluntarily or has been directed by someone else to use the service
• their financial situation (Can they afford counselling?)
• their sex
• their employment status (Will they lose their job if they go into a rehabilitation centre?)
• whether or not they have a disability (e.g., do they need specialised equipment?).

An holistic assessment approach
The success of an intervention depends largely on whether the intervention is appropriate to the client’s needs and whether the client has been involved in the decision regarding which intervention to use.

Before any intervention can be initiated, it is essential to complete an assessment of the client’s situation and needs.

Below is Rory’s perspective on the importance of understanding as much as we can about a client’s situation. Rory’s a community services worker, with experience working with clients with a dual diagnosis of mental health disorders and substance abuse.
I try to always understand a person’s problem or issue within the context of their whole life—what they call ‘holistic assessment’.

I do this because when we plan an intervention, its effectiveness will depend on whether or not it is appropriate for the client and not just whether it seems to fit their problem. For example, if your client presents with a drug addiction problem, you would need to know what factors led to this situation, whether the client has any social support, whether they have a family, whether or not they are employed and what sort of lifestyle they have, before you plan an intervention.

My experience has taught me that, most importantly, you need to gain an understanding of how they see their life, what they want to change and what they think is the best way to go about it.

**Understanding clients’ self-perception and self-esteem**

Now that you have looked at how to work from a client-centred approach when conducting an assessment, it is important for you to recognise and value the client’s perception of their own life.

With detailed information you can draw conclusions about what has worked for your client and what hasn’t, but this is your perception and your client might have a different perception. For example, your client may have told you about using cannabis to manage their anxiety. You might be able to recognise that cannabis use can increase the symptoms of anxiety.

You may understand the importance of leading a healthy and drug-free lifestyle to effectively manage mental illness. But your client may see things differently. They may believe the cannabis use allows them the freedom from stress that allows them to better cope with the effects of their mental illness. They may also gain some social benefits from smoking cannabis with friends.

While both perspectives are valid, it would not help the client, or your relationship with the client, for you to tell them they are doing the wrong thing and that the benefits they think they are getting from using cannabis are false.

You need to look at the situation from the client’s perspective in order to appropriately address the situation and develop strategies that the client can embrace and implement in their own life with minimal resistance.

Below, Guillermo talks about why he values a client’s perspective and how he empowers the client to take responsibility for their behaviour. Guillermo has worked in non-government as well as government community-based agencies, mostly with young people.
I find that most people do not like being told how to live their lives. If a client can come to the realisation of what is good for them on their own, they are more likely to want to make changes. In this way, they are ‘empowered’ to take ‘ownership’ of their actions—including its consequences and outcomes.

The same approach needs to be taken when working with a client’s level of self-esteem. I used to tell clients who are feeling down on themselves and without much hope for their future that ‘everything will be okay’ and ‘be more positive’.

But I quickly realised that that’s the last thing they need to hear.

The way a client feels about themselves and their life will affect the energy and commitment they have to make changes.

Stages of change

You should approach an issue or goal from the client’s perspective and work from where they are at. You can do this by being aware of the client’s stage of change. The stages of change model breaks the cycle of change into stages. Each stage has its own actions that are required to move through to the next stage.

This diagram shows the relationships between the various stages of change and the pathway for progressing through the stages. This is not a definitive model as a person could move amongst the stages as their needs dictate, eg from relapse to determination, or from action to relapse.

The client’s stage of change position will determine the type of intervention appropriate to their needs and assist you to work from a client-centred perspective. You should not force a client to move from one stage to another, as this can lead to the client feeling controlled and judged. The change must be part of the client’s ‘choice’, and any interventions used should reflect the client’s choice and needs.

Remember, the stages of change are not linear—clients can move amongst the stages at will and may do so erratically while deciding and beginning action on their choices.
Pre-contemplation stage
A client in this stage of change would not be considering changing their behaviour to bring about better health outcomes. You should not force the client to consider change, nor overwhelm them with information about the health risks of continuing with a particular behaviour, eg AOD use.

This could also be an opportunity to talk about ways the client can reduce the risks of their behaviour without giving up the behaviour, eg discussing harm minimisation techniques for AOD use to help the client continue using but reduce the health risks associated with AOD use.

An appropriate brief intervention for this stage would be to generally discuss the client’s behaviour, the health risks and the benefits of change. This may give the client enough information to decide for themselves if they are ready to consider change or not. This also lets the client know that you are there to discuss their concerns with them, and that you respect their rights to lead the life they want.

Contemplation stage
This stage is the natural step from the pre-contemplative stage and allows you to explore the client’s health concerns in more detail. Asking questions about what might be different if they change their behaviour and what they see as the barriers could help the client clearly and factually contemplate change.

A brief intervention for this stage could be providing the client with written information about the risks and benefits of their behaviour and the options available to them to achieve change. Covering the strategies discussed in the pre-contemplative stage, eg safe injecting techniques can help the client clarify their situation and consider continuing the behaviour (eg injecting drugs) as a choice.

Although it may be an exciting and positive event for you to have a client considering change, you need to remember that the client must make the choice to change. Becoming too anxious for the client to change could result in alienating the client from you and pushing them back into the pre-contemplative stage.

Determination stage (readiness to change)
At this stage the client has decided they are ready for change. This may be a time when they feel ready to ‘jump in’ and get things moving. You should help the client slow down and plan for their changes. This is the stage for goal planning. Goal planning itself is a brief intervention as it allows the client to examine the process of change and weigh up the benefits and risks associated with continuing the behaviour versus changing the behaviour.

Some questions for the client to consider at this stage are:

- What exact changes do I want to make? Can I break this/these change/s into smaller steps?
- What do I need to do to make those changes?
- What resources/support do I need? Are they available (eg a referral to another service to facilitate the change, such as a residential detox service, may have issues around waiting lists and financial payments that need to be considered)?
- How will I deal with temptation to revert to my previous behaviour?
- How will I deal with relapse?

Action stage
As the name suggests, this is the stage when the client, with your support, puts their plan into action. Brief interventions appropriate for this stage include:

- referrals to specialist and other services
- reviewing of goal plans
• support and encouragement

**Maintenance stage**
In this stage clients are supported to maintain their change for six months or so. Clients should be able to see the benefits to their lives from the change, which will help them maintain the change and avoid relapse. Encourage clients to talk about the positive reasons for maintaining change to reinforce their decisions.

**Relapse**
It is very common for people trying to change ingrained behaviours to experience relapse. Clients should be encouraged to review their experiences and learn from the relapse. This is not something clients should be made to feel bad about. The client should be made to see that it is a normal stage and this knowledge should be used to develop strategies to prevent relapse occurring again. Clients will naturally return to one of the previous stages.

**Issues affecting self-perception and self-esteem**

**Inequality**
Inequality occurs when there is social injustice or lack of respect for human rights. Most of us have heard of inequality in relation to the divide between the rich and the poor. Inequality relates not only to material wealth but also to the wealth of opportunity and access to services as accorded by our human rights. This means there are some people who have rights, access or opportunity and some people who do not have these things (or have limited access to them) due to social injustice or economic reasons.

**Isolation and marginalisation**
Isolation and marginalisation are two important issues in the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (2000)*. Isolation and marginalisation can affect groups and individuals in the community before and after diagnosis of a mental health issue or mental illness.

Before diagnosis or contact with mental health services, isolation and marginalisation can increase the risk factors of developing a mental illness. After diagnosis, isolation and marginalisation can impede clients’ recovery as they struggle to find where they belong in society. A further difficulty that clients have to cope with is the impact that having a mental illness has on their sense of identity and self-esteem. Some clients also lose contact with friends and family after having a diagnosis. Isolation causes mental distress, and the stigma and social exclusion linked to mental health problems can make isolation worse. This cycle of exclusion makes it difficult for people with mental health issues and mental illness to overcome social segregation and work towards their recovery and rehabilitation.

Marginalisation and mental illness are closely linked in our society, to such an extent that few other health issues have been shrouded in such misunderstanding and fear across history and cultures. Stigma lies at the heart of systematic discrimination against people with a mental illness, from exclusion from daily community activities to incarceration in institutions where basic human rights are reduced or ignored.

To this day the myths surrounding mental illnesses are numerous, one being the idea that mental illness and disorders are linked to affluence and so are less relevant in developing countries. Many studies have shown the link between poverty and depression. **Stigma**
Mental illness can have an adverse effect on different facets of a client’s life. For example, mental illness can cause great distress to a client’s family relationships, or prevent them from participating in education or employment. Often mental illness has a social impact...
on clients due to the stigma they might experience from family, friends, employers, and the general community.

**What is stigma?**

Stigma literally means shame attached to something thought of as socially unacceptable. We hear a lot of talk about stigma in relation to mental health. But if so many people experience some kind of mental health issues in their lives, why is there such stigma around having a mental illness?

Stigma around mental illness is based on false beliefs. Australian society gets much of its information about mental illness from the media—print, radio and television. As such, this information is often prejudiced or incorrect, yet contributes to members of society believing particular characteristics belong to people with mental illness.

These characteristics include:

- **violence**—media reports of violent criminals as mentally unstable or ill. We are also bombarded with movies and television programs which portray people with mental illness as psychopaths who are extremely violent and dangerous.
- **negative labelling**—where everybody with a mental health issue is considered a ‘psycho’ or ‘schizo’. These are misinformed generalisations and do not reflect the individual nature of mental illness.
- **the adoption of clinical terms in everyday speech**—such as calling a politician ‘schizophrenic’ in relation to their behaviour. Schizophrenia is not a general characteristic that can be bandied around in this way, but refers to a specific medical condition that has a list of criteria. This use of clinical terms devalues them and creates negative connotations in the public arena of what these words mean.
- **Stigma can be soul destroying, yet is something people with mental illness will need to consider in relation to their recovery and maintenance.** Some of the issues stigma may create for clients, families and friends include:
  - **discouraging people from seeking help**—if the general public has such incorrect, and negative, views of mental illness then they are less likely to seek help when signs or symptoms arise due to the fear of labelling and stigma from society.
  - **making recovery more difficult for clients**—if a client feels the stigma of mental illness from society, they are less likely to feel supported in their recovery by the community. This can negatively impact on the clients’ self-esteem and self-confidence as clients experience the stigma they had seen in the media.
  - **promoting discrimination**—the media representations of mental illness create fear and ignorance in the general community, which can lead to discrimination against people with mental illness accessing services such as housing and employment.

**Appreciation of and response to a client’s strengths and skills**

Everybody has skills and strengths in their lives. As a community worker it is important for you to recognise the existing skills and strengths in the lives of your clients and to work with an appreciation of these. It is easy to tell someone what they cannot do well but this does not promote confidence or increase self-esteem.

Building on strength, and creating more strength, can assist a client to take control of their life and to live independently. This also encourages resilience in clients so they can face issues or obstacles in their lives with the confidence to try to reach their own resolutions.

Two areas that can assist clients to feel in control and independence are social and financial wellbeing. A client that feels connected to others and part of a community can have improved mental health outcomes.

This also increases the resources and supports a client can draw on if faced with challenges. Financial wellbeing can help clients feel independent and as a contributing
member of society. Having an independent means of financial self-support can open opportunities for further social interaction, education and employment opportunities, and professional support.

**A strengths-based approach**

This is an approach that acknowledges and actively draws on people’s own strengths and abilities, resources and supports, ideas and beliefs. With the approach focusing on people’s assets, they are more likely to feel positively engaged and empowered to take further control of their own lives and make necessary changes.

Some of the characteristics of a strengths-based therapy approach are that it:

- focuses on the needs of the whole person; not just the physical needs
- identifies natural supports that already exist
- gives older adults choices and restores their sense of self-respect and control
- enables the worker and the client to collaborate in developing and implementing a care plan and care goals.

**Protecting and rebuilding social networks**

Social and support networks are important to everyone—not just people with a mental illness. Most informal support networks consist of family, friends and like-minded others (such as work colleagues, other clients). It is a common experience for people diagnosed with a mental illness to lose some friends. These people often do not know how to relate to their friend or relative with a mental illness. Other people find the changes in lifestyle the person with a mental illness needs to make are not consistent with their own lifestyle, and so lose contact. In addition, friends and family members can sometimes become alienated from the client due to the client’s behaviour when unwell.

Clients can be assisted to protect their existing social networks through support to maintain those links. This could involve support to continue working or continuing with recreational activities. This support could be through psychosocial education for those in the client’s life. With a better understanding of mental illness, friends and family may not retreat in fear and ignorance. This also helps break down the stigma of having a mental illness for the client.

Developing social networks after having a diagnosis of mental illness can be quite challenging for a lot of clients. Again, stigma is a major factor in how a client relates to those around him/her; and how the community relates to the client. Linking a client into a support group may help build new social networks in a safe environment where the client knows others will understand what it is like to live with a mental illness.

Clients can be supported to develop formal supports through:

- gaining a knowledge of the mental health system and how it works
- where to turn in times of need
- having a readily available list of telephone numbers to call for support.

Understanding their own mental illness, the signs and symptoms, and how to deal with emerging symptoms can also assist clients to develop increased self confidence. A client who feels in control of their mental illness and their life will be less fearful of the stigma or reaction of others to having a mental illness.

**The impact of mental health diagnosis on the employment/education aspect of a person’s life**

When a client is diagnosed with a mental illness it can impact on their employment or education in a number of ways. It can:

- sometimes make it difficult for the client to continue in their current employment or education program
make it difficult for a client to access new employment or education opportunity
bring out the best in colleagues and education providers in the support they show the client
provide new opportunities for the client to explore different employment or education goals.

We shall now examine the impact of a mental health diagnosis in some of these facets of a person’s life.

**Impact on employment and education**

Most situations will impact on our lives either positively or negatively. The way we think about the situation contributes to how we see the effects of the situation, but the way others respond to our circumstances also plays a major role.

When someone is diagnosed with a mental illness they will have to struggle with the impact this will have on their employment or education. Some of the questions they will ask themselves include:

- Should I tell my employer or teacher?
- How will they react?
- What if I need to take time off from work or school?
- How will any medication impact on my work or study activities?

As a support worker you can help a client work through these questions. You can support a client to develop a plan to deal with the impact their mental illness may have on their work or study.

**Activity 1. Strategies for work and study**

Below is a list of some of the strategies you can use when supporting a client plan to integrate their mental illness into their work or study.

Put these strategies into the order you think is most appropriate to support a client.

1. Provide information and education to an employer or educator about mental illness.
2. Understand the mental illness and its possible symptoms.
3. Meet with the employer or educator to disclose the mental illness.
4. Understand the legal rights of workers and students in relation to having a mental illness.
5. Looking at the possible impacts of the mental illness on work or study.
6. Decide whether the client wants to continue with their current work or study.
7. Look at self-protection strategies the client can use in the workplace or school.
8. Find mental health support services to work with the employer or educator and support the client at work or study.

**Working through employment and education issues**

Let’s look in more detail at each of the steps outlined in the previous activity. This will give you a more specific insight into the types of issues a mental health client faces and some ideas on how you can support the client.

Remember that all your work with clients should use client-centred and strengths-based approaches. We will also look at the role psychosocial rehabilitation can play in supporting clients with their employment and education goals.
Understand the mental illness and its possible symptoms
Before a client makes any major decisions about their current or future employment or education it is important they have a good understanding of their diagnosis. Understanding the signs, symptoms and impacts of their mental illness will help the client determine what kind of impact this will have on any current employment or education, and can inform the client about how to approach any future employment or education opportunities.

Looking at the possible impacts of the mental illness on work or study
Once a client has a good understanding of their mental illness, and how it may affect their day-to-day life and the options for effectively managing their mental illness, they can then look at the facets of their life that may be impacted by the mental illness.

This approach is client-centred as it supports the client to make informed decisions about their own life. The client can make decisions about their employment or education using their current strengths, and develop skills with a view to increasing their strengths and developing new ones.

The client can then look at what is required of them in their work or study and how their mental illness may impact on those requirements. For example, a client with a diagnosis of schizophrenia looks at how this might impact on their work on a factory assembly line. While he decides the mental illness itself would have little impact on his day-to-day work activities, he recognises that the medication he is taking to manage the schizophrenia may make it difficult for him to focus on the tasks before him.

A strategy to deal with this could be for the client to consult their doctor about a different type of medication that might impact less on their concentration. It would be good for the client to explain to the doctor their concerns in relation to work so the doctor can look at the most appropriate medication options available to the client.

Another example is a university student with a diagnosis of bipolar disorder. The student may decide that the unpredictability of their situation at present would cause too much disruption to their studies. The options the student could look at include deferring their studies for a certain period of time, withdrawing from their course, or changing to part-time study.

Deciding whether the client wants to continue with their current work or study
Now the client has a good understanding of their mental illness and the effects it could possibly have on their work or study, they can make a decision about whether or not they want to continue in their current employment or education.

Having a diagnosis of mental illness may be the catalyst for change in the client’s life. This could be a change of career or course, or the decision to ‘take time out’ to access support for their mental illness.

It is important for you as a health worker to support the client to make the best decision for their wellbeing. It has been recognised that involvement in employment or study contributes to increased self-esteem and can provide increased options, not only for someone with a mental illness but in all our lives.

If a client decides they do not want to continue with their current work or study it would be beneficial for them to develop a plan of what they want to do instead. You can help the client explore options and find resources so they can make plans for the future.

If the client decides they do want to continue in their work or study, then you can work through a plan of how they will integrate their mental illness into their work or study requirements and deal with any issues or obstacles they might encounter.
Understanding the legal rights of workers and students with a mental illness

It is good for us all to have an understanding of our legal rights in relation to work and study, as this can empower us in our decision making. For a client with a mental illness it can be important for them to have this understanding so that they can respond to any situations that arise and know they are supported by legislative requirements and workers’ or students’ organisations.

It could be useful for a client to contact their union, a workplace Ombudsman’s office or mental health service to discuss their situation in relation to their rights. This may help a client feel more confident in continuing in their employment or study, or in disclosing their mental illness to their employer or educator. Knowing our rights can contribute to feeling supported and protected.

Looking at a client’s self-protection strategies in the workplace or school

Whether the client decides to continue in their current employment or education, or find new employment or education, it is important they develop self-protection strategies to manage their mental illness and its symptoms.

Having a good understanding of the mental illness is the first step towards self-management. Looking at other ways of self-protection can help the client feel in control of their situation and reduce the impact of the mental illness on their work or study activities.

Some broad self-protection strategies can be:

- having a specific support person on the workplace or education institution to go to if they are feeling stressed or unwell
- using breathing techniques, medication, yoga or other activities to reduce stress and remain calm
- eating properly and exercising regularly
- engaging with support services
- having interests and social outlets away from work or study
- taking medication regularly as prescribed
- avoiding alcohol and drugs
- thinking about their mental illness as only one part of their life, not a definition of who they are as a person.

There are many other self-protection strategies available. As a support worker you should help you client to research and access the strategies best suited to their individual situation.

Meeting the employer or educator to disclose the mental illness

While a client is not required to disclose their mental illness to their employer or education provider, it can be a good way of developing support in the workplace. If an employer or educator knows that an individual has a mental illness they can make arrangements to work around the mental illness, if required. For instance, if a client needs to regularly attend an appointment, or needs time off when they are experiencing symptoms of their mental illness, the employer or educator can understand why they are taking time off and adjust the workflow accordingly.

It can be very scary for clients to disclose their mental illness to their employer or educator. Their still exists a lot of stigma in our society related to mental illness and a client could be afraid they will lose their job or be looked at ‘differently’ once people know they have a mental illness. This is why it is important for a client to understand their legal rights and to make an informed decision about disclosing their condition to their employer or educator.
Providing information and education to the employer or educator about mental illness

One of the ways to support the client in the workplace or school and to decrease the risk of stigma is to provide information and education to the employer or educator about mental illness.

Most experiences of stigma come from a place of ignorance. With a better understanding of mental illness, the employer or educator may feel more able to accept the client’s disclosure and be more supportive of them. The employer can then make better decisions about any accommodations they need to make to support the client in the workplace or school. There are also legal requirements that require public education institutions and public services to be non-discriminatory and to make reasonable adjustments to support someone with a mental illness.

Helping employers or educators find mental health services to support the client at work or study

As a support worker for the client, your assistance to the educator or employer is limited. Assisting the employer or educator to access another service would be in the best interests of both them and your client.

Government departments and employer organisations can provide advice and information to employers and educators about the rights and responsibilities of both the employer/educator and the employee/student.

Other issues to consider

There are other issues and questions for you to address with the client when considering their work or study options. You have to consider their financial situation—Does the worker need to continue in full-time employment to pay rent, mortgage etc? You also have to consider your client’s relationships with employer/educator—What type of relationship does the client have with their employer/educator? Have they had problems in the past? There is also the client’s self-perception—How does the client view themselves in relation to their work/study? For some people, their work or study is a large contributing factor to how they define themselves and their identity. To suddenly lose this facet of their lives could be debilitating.

Psychosocial rehabilitation

Psychosocial rehabilitation is a good approach to use with clients to address employment and education goals. Psychosocial rehabilitation has a holistic approach with a focus on outcomes that are empowering, promote independent and autonomy, and promote self reliance and resilience.

The International Association of Psychosocial Rehabilitation Services (IAPRS) developed a definition of psychosocial rehabilitation in 1985.

The process of facilitating an individual’s restoration to an optimal level of independent functioning in the community..... While the nature of the process and the methods used differ in different settings, psychosocial rehabilitation invariably encourages persons to participate actively with others in the attainment of mental health and social competence goals. In many settings, participants are called members. The process emphasises the wholeness and wellness of the individual and seeks a comprehensive approach to the provision of vocational, residential, social/recreational, educational and personal adjustment services.’

(Cnaan et al, Psychosocial Rehabilitation Journal, Vol. 11, No. 4: April 1988, p.61)
As you can see by this definition, psychosocial rehabilitation encompasses a holistic approach to working with clients to develop the skills to self-manage their illness, with the support of family and community. This rehabilitation can be delivered through:

- skills training
- psycho education
- family education
- community services.

Psychosocial rehabilitation is usually delivered through community organisations, and can be encompassed within many different types of programs, including accommodation support, recreation, vocational training, and education.

In Australia, psychosocial rehabilitation is the underlying philosophy of specialist support services for people with mental illness and psychiatric disabilities. Vicserv, the peak body for psychosocial rehabilitation services in Victoria, has a model of specific services focused on rehabilitation and support for people with mental illness. You can read more about psychosocial rehabilitation at the Vicserv website: [www.vicserv.org.au](http://www.vicserv.org.au)

Activity 2. **Psychosocial rehabilitation approaches**

Look at the list of strategies and services below and sort them into the most appropriate category: Skills Training; Psycho education; Family Education or Community Services. Some of these strategies and services will fit into more than one category.

- Mental illness brochures
- Richmond Fellowship of NSW
- TAFE NSW
- Client participation worker
- Counselling
- SANE
- Mental health support worker
- Job network provider
- Carers NSW
- Multicultural Mental Health Australia
- ReachOUT

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**Empathise with a person with mental health diagnosis**

When a client is treated for or diagnosed with a mental illness it can be a confusing and stressful time for them and their family. Clients and their families can experience a keen
sense of grief and loss when confronted with a diagnosis. Grief is a normal response to a sense of loss and is something to be expected as a worker supporting someone with a mental illness.

Understanding grief and loss
The grieving response is different for everyone and can be influenced by a number of factors, such as the extent of the loss, the personalities in the client’s family, cultural background and religious beliefs. It is quite common for members of the same family to grieve in different ways or to move through the stages of grieving at different paces.

Despite the fact that people react to grief in an individual manner, there still appears to be a series of commonly experienced stages in the grieving process, and these are:

- shock (eg the inability to acknowledge the diagnosis and absorb information)
- denial (eg refusing to accept having a mental illness diagnosis, belief that there is something else going on)
- anger (eg directed at oneself, family, professionals, displaced blame onto others for ‘causing’ the mental illness)
- bargaining (eg making deals with god, self, professionals to make the mental illness ‘go away’)
- depression (eg feeling tired, withdrawn, disconnected from the world around oneself)
- acceptance (eg coming to terms with the mental illness diagnosis and acknowledging its existence)

Managing grief and loss
There are no simple answers to grief and loss or simple ways to cope with such painful losses as those associated with mental illness, but there are certain actions that can be helpful in easing the pain. Some of these are: reach out for support; be patient with yourself; be good to yourself; don’t let others burden you with their expectations; try journal writing to help release pent up feelings and gain perspective; get informed about mental illness and services and maintain a healthy lifestyle.

Activity 3. Strategies to manage grief and loss

For each of the actions below, think of a specific strategy that you could suggest to clients and their families.

1. Reaching out for support
2. Being patient with themselves
3. Being good to themselves
4. Not being burdened with expectations
5. Getting information about mental illness and service
6. Maintaining a healthy lifestyle
Adjusting to mental illness
As stated earlier, the grief experienced by clients and their families when a diagnosis of mental illness is made can relate to loss of normal life expectancies, change in family roles, change in lifestyle and loss of self-esteem.

Clients and their families will need to make adjustments to their lives to accommodate the mental illness. These changes can see dramatic shifts in personalities and relationships.

Loss of normal life expectancies
When living with a mental illness clients may lose the ability or inclination to participate in the activities they were used to, or follow the route they expected their lives to take.

Clients may not be able to work full-time, or at all, or need to stop their education. Clients may experience changes in their personalities that in turn change their relationships with family and friends. Sometimes marriages break down or families become dysfunctional.

Clients and their families often need the time and space to make the changes necessary for them to move forward living with the mental illness. This can sometimes mean they need time away from each other, or it could result in them becoming closer.

Change in family roles
Depending on the severity of the mental illness, the roles of each member of the family may change. A previously independent adult child may need to be ‘parented’ again due to the symptoms of their mental illness. A parent with a mental illness may rely on their child to do the parenting and run the household.

These changes in roles can bring about resentment against the mental illness, which can occasionally be seen as resentment against the person with the mental illness.

It is important for each family member to have support and information relevant to their individual situation, and for the difficulty of these changes to be acknowledged.

Change in lifestyle
As mentioned earlier, changes in employment, education and family roles can all stem from a mental illness diagnosis. There can also be dramatic changes in the lifestyle of the person with the mental illness and their family.

A previously outgoing person may become withdrawn and depressed, resulting in a lack of social interaction and placing a strain on other relationships. Changes due to the symptoms of the mental illness, and sometimes the medication, can lead to the client appearing to be a different person to their family.

Families too experience changes in lifestyle, especially if they have taken on a caring role. Family and social gatherings may cease or become rarer. Activities that were once enjoyable for the client or the whole family may become painful reminders of what was lost and are thus avoided.

Whatever the changes in lifestyle, it is important for everyone to maintain a good level of social interaction and have interests and activities that do not focus on the mental illness.

Loss of self-esteem
Being diagnosed with a mental illness can be a major blow to a person’s self-esteem. What they knew and believed about themselves can be suddenly torn apart, leaving them unsure of who they are and what their future may hold.

The way other people treat them can also impact negatively on the person’s self-esteem. Being ‘babied’ or talked down to can make the person feel insignificant and disempowered. Experiencing stigma can adversely affect the person’s self confidence and entrench a feeling of being less than worthy of participating in society.
Coping mechanisms
We all deal with stressful situations in our lives differently. The way we cope depends on a number of factors, including: self-esteem; resilience; understanding of the situation and support.

Self-esteem
Self-esteem is the way you regard yourself. Good self-esteem means you have a positive attitude about yourself, that and you believe that you are as ‘OK’ as everyone else. If you have poor self-esteem it means that you believe that you are not OK, or that you are inferior to others.

People who have poor self-esteem tend to focus on and magnify their perceived faults, and ignore their strengths and achievements. Poor self-esteem can lead to depression and withdrawal from social situations.

Resilience
Resilience refers to the ability to ‘bounce back’ after an adverse event. People with good resilience tend to recover from a crisis or trauma quicker than people with low resilience. Being resilient doesn’t mean you don’t get stressed or feel anxious in an adverse situation, but that you are able to deal with these feelings more readily and move on from the event and return to your normal life functioning.

Understanding the situation
When we understand what is happening to us or around us, we are less likely to be overly stressed or react negatively to the situation. For example, when you are in a train and it stops in a tunnel and the lights go out, it is natural to feel some panic that there is an emergency and perhaps even anger at the delay. If the train driver then explains over the public announcement system what has happened, what they are doing to fix the situation and how long this might take, you are then less likely to feel that panic or anger because you have an understanding of the situation.

The same process applies to someone with a mental illness. Getting information that explains what is happening, how this might affect them and how they can manage the mental illness can give a person a sense of control and involvement, rather than feeling like a bystander as the mental illness happens ‘to’ them.

Support
Having good support can help someone with a mental illness to cope better with a new diagnosis. Support can come from family, friends or a more formal service or the GP.

Unacceptable behaviour
In difficult situations people can act in a manner that is not acceptable to their surroundings or in proportion to the situations. This is called ‘unacceptable behaviour’. In some situations this can mean the person acts or talks inappropriately in relation to the situation. This can include talking too loudly, being demanding, crying uncontrollably, swearing and sometimes violence.

While becoming angry or upset as a reaction to a stressful situation are legitimate responses, it is when these responses are excessive or result in violence that they become unacceptable.

Activity 4. Responding to unacceptable behaviour
Please read the scenario and answer the questions.

Jim is a middle-aged man who has been coming to the drop-in centre for over a year. He constantly makes suggestive remarks to you and says that he is on the lookout for a new partner. You are beginning to find the
situation very difficult and dread the thought of him arriving. One day, you overhear him making the same type of remarks to a client at the centre.

1 What do think you should do about this?

2 Why do you think that Jim behaves in this way?

Providing feedback
It is possible that when you confront Jim about his behaviour that he responds in a negative way. For example, he may storm out of the centre vowing never to return. This may be because he feels as though he has been reprimanded and you have damaged his ego. It is also possible that he may have no clear idea about how he is supposed to act. It is important that we find ways of motivating people to behave appropriately. If they just leave, then the problem is not fixed, it is simply moved to another location and someone else has to deal with it.

Activity 5. Providing feedback
Think about the incident with Jim. How could you give him feedback about his behaviour that motivates him to behave more appropriately? Answer TRUE or FALSE for the following questions.

QUESTION 1:
When you are giving feedback to someone you should talk to her or him just before they leave.

- TRUE
- FALSE

QUESTION 2:
When you give feedback to someone you should make sure that you do it in front of the whole group so everyone knows what is going on.

- TRUE
- FALSE

QUESTION 3:
You should tell the person exactly what you expect from them.

- TRUE
- FALSE

The feedback process works best if you:

- have a genuine concern for the client
- give immediate feedback (it is not helpful to tell someone a week later that their behaviour was inappropriate)
- describe the behaviour, not the person—your role is not to label the person as bad or good, but to make it clear that their behaviour is undesirable
• be specific rather than vague about what the problem is—for example, you should tell Jim exactly why his behaviour is a problem. You could tell him that his behaviour makes people feel uncomfortable because it invades their personal space. You should make it clear that when he makes suggestive comments to the clients they are likely to avoid talking to him at all.

• provide clear directions about what sort of behaviour is expected—for example, you could tell Jim that it is okay for him to talk to the other clients, but it is not okay to touch them, ask personal questions about their lives or make suggestive remarks.

Keep in mind that this approach will probably only be effective with people who can make rational choices about their behaviour. People with a mental illness or psychosis may not respond as readily to this type of discussion. People with an intellectual disability may find it difficult to alter their behaviour unassisted. In these circumstances you would need to establish an education plan in which the person would be taught to behave in more socially acceptable ways.

If you do provide clients with clear directions about what you expect, then you must give them an opportunity to practise their new behaviour. For example, if Jim were to come along to your centre and behave more appropriately, then you would need to acknowledge his new behaviour and comment on the fact that it is appreciated. This approach rewards clients for making an effort and motivates them to continue. In general, people respond much more effectively to positive feedback about their behaviour.

**Challenging unacceptable behaviour**

Sometimes it may not be possible or safe to wait until later to give someone feedback about their behaviour. For example, if a client is heavily intoxicated or violent or abusive you can’t afford to wait until later to talk to them about it. You need to act immediately. This is where your ability to be assertive becomes very important. Assertive communication clearly indicates that you mean what you say without being aggressive or abusive.

Assertiveness usually involves:

• speaking calmly and clearly
• using appropriate body language (eg standing tall)
• maintaining eye contact
• using ‘I’ statements
• making it very clear what you expect to happen and when
• making it clear what the consequences are if the behaviour doesn’t stop.

Assertiveness is a matter of being clear and confident in the way you look and speak. It is based on the idea that you have the right to speak and to make requests that people should take seriously. For example, if a client is screaming and shouting, you have the right to ask them to stop and to tell them that they will not be given any more service until they can communicate more quietly. It does not mean being rude, disrespectful, aggressive, hostile or angry towards others in an attempt to ‘get your own way’, irrespective of the concerns and/or wishes of other parties.

You may need to investigate ways to improve your assertiveness. For example, you could practise being assertive with your work colleagues or at home. You could enrol in an assertiveness training course. These are often run by your local Area Health Service or community centres.

**Techniques and strategies for dealing with unacceptable behaviour**

The way you go about dealing with problem behaviour depends a great deal on whom you are working with and whether you are working with an individual or a group. It also depends on whether or not the person is a voluntary or involuntary client. Involuntary
clients are those people who have been sent to see you by someone else, for example, people who have been ordered by a court to attend a rehabilitation program or therapeutic group. Involuntary clients are often those who have drug and alcohol problems or have committed crimes involving violence. They may be angry at being forced to attend your service and this anger and frustration may be directed at you as a worker.

**Summary**

This topic has covered the importance of maintaining a client-centred focus on your work with clients with a mental illness. You can see the link between experience and self-esteem, and understand the impact having a mental illness can have on a client’s life and their family.

You should now understand how to work with a client to increase their strengths and social and financial wellbeing, explore and assist a client with employment and education issues, address grief and loss issues, and work within the client’s current methods of coping and develop new methods.
Part 2: Develop and maintain effective working relationships with other services and programs

Section 3. Develop and maintain effective working relationships with other services and programs

Introduction
Once you have clarified service delivery with your client, received client consent and organised service delivery resources, it is time to provide support to the client so that they can reach their recovery plan goals. You will need to have in mind strategies for doing this. Remember that strategies need to be reviewed from time to time. If one strategy does not work, another may.

Working with clients with mental health issues
The interventions you use when working with clients with mental illness depend on the individual circumstances of the client and the goals of your agency.

Below are outlines of some interventions. Depending on your role, you may use some or all of these interventions or elements of various interventions that suit your needs and your client’s needs.

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<th>Interventions</th>
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<td>Psychological and social interventions</td>
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<td>Supportive therapy</td>
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<td>This therapy is designed to support clients to overcome symptoms and prevent relapse. Supportive therapy techniques can include:</td>
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<td>• assisting clients to develop coping skills to deal with problematic or stressful situations currently in their lives</td>
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<td>• assisting clients to develop skills to recognise warning signs of relapse</td>
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<td>• linking clients to community support groups for ongoing maintenance of their mental health and to prevent relapse.</td>
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Supportive therapy can be used in conjunction with other therapies and is generally short term in its application. Supportive therapy focuses on assessing a client’s existing skills and assisting them to develop skills and resources in areas where these are lacking. This therapy is effectively used with clients who are not ready or currently able to utilise more in-depth therapies to bring about personality and greater life changes.

**Psychoeducation**

*Psychoeducation* involves teaching clients and their families about their mental illness and mental health issues so that they can effectively self-manage these issues in the future. By developing a greater understanding of our problems we are often better able to recognise warning signs and symptoms and identify sources of treatment and support that are needed. What we don’t understand can often seem confusing and beyond our control. Having a greater understanding of themselves and their conditions assists clients to become independent and learn to live a functioning life without overwhelming fear or apprehension of when symptoms might recur.

Psychoeducation helps families and carers learn about mental illness so that they can also recognise warning signs of relapse and be better prepared to support their loved ones.

Psychoeducation also involves teaching clients and their families about the mental health systems, where to find assistance and how to navigate the confusing array of resources that exist in the community. By having a greater understanding of mental illness and the mental health system, clients and their families can feel empowered and in control, rather than be victims of an illness and system that is thrust upon them.

Psychoeducation can be used in conjunction with other therapies or as a stand-alone technique for assisting clients.

**Psychodynamic therapy**

This therapy focuses on helping people experience and understand their unconscious, or subconscious, emotions in order to better understand themselves and what is happening in their lives. Psychodynamic therapy is often used with people around phobias to understand where they come from and why the person has a certain emotional response to certain objects or situations.

In practice, the therapist listens to the person and explores interpretations of what has been said. The therapist approaches the person and situation in an unconditional manner, not bringing any pre-judgments to the sessions and focusing solely on the individual’s thoughts and emotions. This therapy can take place over a short period or last for years. Psychodynamic therapy is used by suitably qualified and trained professionals such as psychologists.

**Cognitive behavioural therapy (CBT)**

This is the most commonly used therapy for people with mental health issues in Australia today. In fact it is widely recognised across the Western world as being an effective, short-term therapy for a number of clients and situations.

Cognitive behavioural therapy, or *CBT*, is a combination of cognitive therapy and behaviour therapy. CBT helps clients focus on the two elements of reaction and behaviour to bring about changes in behaviour and cognition, or thinking.

CBT helps clients see the behavioural patterns they have established, often over years, to certain situations. It then helps clients deconstruct those behavioural patterns and develop more positive behavioural reactions or techniques to handle those same situations.
The cognitive side of CBT helps clients understand why they react to certain situations in the way they think. CBT helps clients change the way they think about certain situations to bring about change in thinking and emotional or cognitive reactions.

Together, the behavioural and cognitive elements of CBT help clients change the way they behave, or react, to situations and the way they think about those situations. This type of therapy has been proven successful in a wide range of situations and works towards building a better understanding of self and an increase in confidence.

**Dialectical behavioural therapy (DBT)**

Dialectical behavioural therapy (DBT) consists of exploring abnormal reactions to emotional stimulation. This therapy is used specifically with people with borderline personality disorder. DBT usually takes the form of individual counselling sessions as well as group work.

**Behavioural therapy**

As mentioned above in relation to CBT, behavioural therapy focuses on the behavioural reactions a person has to certain stimulation. This therapy is only interested in changing the way a person behaves, not in what might be happening on a cognitive level. Behavioural therapy has been proven to work well with people with communication and/or cognitive limitations.

**Social skills training**

Social skills training aims to teach people how to act and react appropriately in diverse situations. Sometimes people with mental illness experience changes in their personalities and abilities to appropriately judge social situations. Social skills training aims to assess where the person is lacking in social skills and developing techniques to respond appropriately in those situations.

**Living skills training**

As the name suggests, this training focuses on the skills a person needs to live independently in the community. This type of training generally focuses on issues such as:

- hygiene and shopping
- cooking and cleaning
- budgeting and financial management
- washing and ironing
- communication and home management
- education

Living skills training may utilise a number of universal techniques but must be adapted to the individual needs of the client. Every client learns differently and will require different levels of support. Undertaking living skills training will generally involve other services specific to certain situations, eg an occupational therapist to assess and assist with cooking and cleaning tasks, a financial guardianship order for budgetary management.

Below, Tanya describes some of the critical needs of her clients and how she works with them.
Psychoeducation is one of the things that we do with clients. This is about teaching them about their illness and what they need to do to live with their illness. Most of our clients come to our program because they’re looking for rehabilitation. They also come because they need somewhere to stay. They might have been homeless or they’ve been going from one refuge to another.

As clients our move through the program, they gain living skills. They become better at looking after themselves in other words. Some of them might start looking at pre-vocational training—at the local TAFE. We help them with this. Some might be getting ready for work, especially part-time work.

### Family interventions

#### Systemic family therapy

This type of therapy examines the patterns of relation that are set up by families over time. The systemic family therapist will generally meet with the family unit as a whole to explore the different ways each family member perceives different situations or problems. The behaviour and understanding displayed by family members in the counselling session is usually a reflection of how the family operates within its own environment, except that it incorporates the family therapist. The therapist then works with the family to develop an understanding of how each person perceives a situation and their role in the family, and a better working relationship for the family as a unit. As the name suggests, the therapist helps the family examine its systems of relationship and develop better systems to approach problems and communication.

#### Psychoeducational family therapy

*Psychoeducational* family therapy seeks to acknowledge, within the family unit, the nature of the mental illness and to engage the family in the rehabilitation process and provide them with information to understand the mental illness. This model aims to help the client and the family accept the mental illness while developing social support systems to help reduce confusion, anxiety and exhaustion in the client’s family while they learn adaptive strategies.

#### Multiple family groups

Multiple family groups (also known as multiple family group therapy) provide an opportunity that single-person, group and family therapy situations often cannot. That is the ability for the therapy to relate what is covered in the session to the ‘outside’ world. In single-person therapy it is the counsellor and individual alone with everything else outside the therapy room in the ‘outside’ world. In group and family therapy situations, although there are more people involved, it is only a select few who share a common bond, with everything else outside the session in the ‘outside’ world. Multiple family groups allow the ‘outside’ world to be brought into the therapy session as unrelated family groups share the therapy. Multiple family group therapy is thought to reflect real society more accurately.

#### Support groups

Support groups can offer invaluable understanding and support to families of a person with a mental illness. There are various support groups for all members of the family—parents, siblings and children. The support group generally focuses on a theme at each session—medication, guardianship, psychiatric services, hospitalisation, accessing services, healthcare complaints commission, etc. These sessions give family members
Activity 2 Readings

invaluable information about mental illness and the mental health system. Sessions would also normally involve a social element where family members can talk to one another, share their experiences, share ideas and learn that they are not alone in the world of mental illness. It can be frightening and confusing for family members of a person with a mental illness.

Many families feel isolated by the initial diagnosis and fear the stigma they expect to experience from the community. These support groups can help break down the stigma and give families the confidence and knowledge to learn to accept the mental illness and create a new family dynamic to continue to grow and support one another.

Respite care

Respite care is designed to give carers a break from the responsibility of caring for a person with a mental illness. Respite can be in a residential setting where the person stays for a pre-arranged number of nights, or in a day program where the person attends a program for a number of hours (such as a recreational program). Respite services are generally very limited and can only provide small breaks for families and carers.

Respite is important in families to allow them time to recharge their batteries and perhaps deal with other family issues that may have been placed on hold while dealing with the family member with a mental illness. Respite can also allow parents to spend individualised time with other children.

Holistic approaches

Holistic approaches to working with people with mental illness involve looking at a variety of ways of addressing mental health issues. These include:

- nutrition and diet, dental health and podiatry
- quit-smoking education
- exercise
- relaxation and stress management techniques
- meditation and spirituality
- bodywork, such as acupuncture and massage
- harm minimisation and health promotion
- sexually transmitted infection screening and education.

As this list shows, the holistic approach is focused on exploring supports and techniques from all areas of a person’s life. The holistic approach is effective in helping clients realise that there are multiple ways of dealing with their mental illness and that it is important to take care of themselves across all elements of their lives to encourage a healthy mind.

Client-centred approach

The client-centred approach, also called the person-centred approach, focuses on the client as the expert in their own life and thus able to make the best decisions for them. This is called a non-directive approach, in which the counsellor or support worker does not direct or dictate what the client should be doing but rather allows the client to form their own opinions, ideas, strategies and actions to deal with their own problems and issues.

Client-centred work realises the potential in all human beings as individuals and does not seek to pigeon-hole people with labels such as a mental illness diagnosis. While this approach has certain therapeutic requirements if used in counselling, in support work it can be the focus of interaction with any number of clients. The underlying conditions of interaction, listed above, should be the basis of all work in mental health to ensure respect for clients.
Collaborations with clients

Community workers form partnerships with all clients with whom they work. The degree of involvement in the partnership will depend on the level of intervention or rehabilitation the client needs, the role of the organisation and worker, and the purpose of the partnership.

Partnerships with clients can contribute towards clients developing a sense of participation in their own service use, and empowerment. These partnerships can also highlight existing or potential barriers to participation for clients and give clients an opportunity to work on strategies to remove or minimise those barriers and increase client participation across the organisation.

Some of the benefits to clients and organisations of partnerships with clients include:

- the opportunity to contribute to community development strategies and raise the profile of the organisation
- the ability of clients to understand the organisation and an increased accountability of service providers
- positive contribution to clients’ recovery and rehabilitation
- client development of self-esteem and self-confidence
- the opportunity for clients to develop and enhance social supports through increased networks
- an increased awareness of client rights
- the opportunity for clients to promote client networks both internal and external to the organisation
- the possibility of employment coming from a client’s involvement in a partnership and increased networks
- the opportunity for clients to contribute to service development
- a positive contribution to the culture of the organisation.

Collaborations with families

Goran explains the role of families in the recovery process of clients.

<table>
<thead>
<tr>
<th>Goran – registered nurse (mental health) and teacher</th>
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<td>Families or carers are our partners in care. The client has to consent to this involvement by their family and carers—and, provided there’s that consent, it’s very important for us to include them in the actual care planning and the discharge procedures, particularly if they’ve been in a hospital or mental health unit. Most hospitals and agencies have standardised forms for the provision of consent, which is important as it ensures we have the primary interest of the client in mind at all times. In this way, we can assist the client to develop and implement a management plan with the continuing support and encouragement their friends, family and significant others.</td>
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Families are integral in the support and recovery of clients and, as such, should be included in partnerships with service providers whenever possible. Partnerships with families can provide them with crucial support and advocacy, as well as the families providing support and advocacy for clients through an increased involvement in the organisation. Partnerships with families give families the ability to monitor services and contribute to service development as well.
Collaborations with GPs

As more and more GPs are becoming the primary medical support and intervention for clients, partnerships with GPs can provide benefits to client recovery and a broader understanding of the issues facing clients. Through this type of partnership community workers can better participate in shared medical care arrangements and contribute to case management and reviews. Having a good working relationship with GPs can also contribute to more positive or quicker responses when clients need medical intervention.

Collaborations with non-government organisations (NGOs)

Clients, as individuals, have wide-ranging needs that mental health services cannot always address from within their organisation. Good partnerships and understanding between non-government organisations and mental health services can contribute to better outcomes for clients in housing, employment, social activities and rehabilitation.

The same benefits for clients can come from partnerships with emergency services, which may respond in a more individualised manner if they are aware of the service and approached by a worker with whom they have a partnership arrangement. In some cases emergency services will also be able to call on a service if they are responding to an emergency involving a client, giving the emergency services’ support and expertise input.

Guidelines on implementing strategies collaboratively

Facilitating client participation

There are ways in which we, as workers, can help a client become involved in decision-making. These include the strategies below.

Confidence to express opinion

- Help client develop the confidence to express an opinion. Remember, that mental illness can erode a person’s confidence. Treat every suggestion made by the client with respect. For example, if a suggestion made by the client seems to be impractical, explore the practicalities of this idea—as well as those of other options.

Gratuitous concurrence

- Remember, that sometimes a client may say something or agree to something only because they think it’s what you want to hear. This is called ‘gratuitous concurrence’. If you make sure that the client feels valued as an individual, you can minimise this occurring. Always check with the client later that it is what they want and give them opportunities later to change their minds.

Making informed decisions

- Provide as much relevant information as you can to the client. For example, this might be information about various activities and services that are available. The client should be able to make decisions that are informed.

Learning about the illness

- Support the client with learning about their illness or condition. The more the client learns about themselves, the more they will feel empowered and the better they will be able to make decisions affecting them. At the same time, you will need to also be learning more and more about the client’s illness.

What it means to work collaboratively

- Make sure that the client understands what it means to work collaboratively—i.e., to participate, it is all very well to encourage the client to be a participant but you have to make clear what the, purpose of this is and what the process is.
Is the client ready—emotionally?
- Make sure that the client has the emotional and mental capacity to have real involvement in discussion and decision-making. This might mean deferring a meeting with a client until another time when the client feels ready. Or it might mean slowing down a bit—i.e., working with the client at the client’s pace.

Being responsible and accountable
- Point out to the client that participation and decision-making comes with responsibilities. Some decisions that they make will require them to take on consequent responsibility and accountability.

Support is always there
- Let the client know that you are there to support them—and, although they have to gradually take on responsibility and accountability, they can always call on you to support them with this. In other words, they should not feel all alone.

Work collaboratively to identify and note any difficulties the person experiences
As a worker, you need to be always aware of a client’s risk factors. This includes risk of self-harm and suicide. Always talk to the client about these factors and be observant as well.

Here are some factors to always be looking out for:
- Social factors, such as living alone or homelessness
- History or current use of alcohol and other drugs
- Previous history of self-harm and suicide attempts
- Discharge diagnoses of depression/affective disorder, schizophrenia, personality disorder or
- Not taking medication
- Side effects of psychotropic and other medication
- Domestic violence (perpetrator or on the receiving end)
- Economic problems
- Problems with family relationships
- Legal problems
- Exploitation by others (eg sexual exploitation or financial exploitation)
- Risky sexual behaviour

You can get further information and other resources about this important topic from organisations such as:
- Suicide Prevention Australia (www.suicidepreventionaust.org)
- Lifeline Australia (www.lifeline.org.au)

Guide and support the person to participate in the service delivery as defined in the recovery plan
It is important that the worker and agency provide ongoing support throughout the recovery plan and processes, as defined by the recovery plan itself. This should start by the worker and client meeting and reviewing the effectiveness and efficacy of the plan on a regular, on-going basis. This should be done in accordance with the agency’s policies and procedures with regard to plan-reviews, but should generally decrease in frequency over the length of the recovery plan as the client continues to improve and attain ever more comprehensive goals.

The worker and agency should try to provide as much support and resources as they’re able to, to ensure that the goals of the recovery plan are met within a mutually-agreed
time frame between the worker and client, and in accordance to the resource requirements and limitations of the agency.

This does not mean that the worker should continue to extend the frequency of reviews beyond that which would normally be expected to ensure that the client feels supported and encouraged by the agency and worker. Agency policies and procedures should clearly stipulate the minimum plan-review time for client and worker to meet and review the recovery plan’s outcomes.

Naturally, where the client is showing signs of difficulty in reaching the pre-determined, collaboratively-attained recovery-plan goals, it may be necessary, (indeed it is strongly encouraged) to increase the frequency of plan review and client contact. The worker will be in a better position, therefore, to identify any areas of concern and initiate the appropriate interventions to arrest and manage such situations.

**Ensure service delivery reflects evidence-based practice and values based practice**

It is important that the worker and agency’s service-provision in undertaken in accordance to industry best-practice standards and policy guideline provisions, as well as within legislative guidelines and framework policy. This provision of service to the client can be undertaken across a variety of spheres within the agency and can include:

- **Education** of both the client and significant others, of the importance of adhering to industry best-practice standards and legislative framework to provide the most appropriately viable and appropriate form of intervention. This can also mean to assist the client to seek and obtain any relevant educational opportunities that may be determined as appropriate for client.

- **Family/social support networks.** This is where the agency tries to pro-actively include the client’s familial and social support networks to enhance and encourage the implementation of the recovery plan in accordance to industry best practice standards.

- **Integrated mental health and alcohol and other drugs work**—where the client and agency seek to work collaboratively to utilise not just the services and resources of the primary agency, exclusively, but other agencies (as required) in accordance to the needs and requirements of the client, within the provisions of industry and legislative requirements pertaining to the sharing and dissemination of information across the industry and among agencies.

- **Supported employment.** The worker and client should try to work collaboratively to ensure that the client is best placed to take advantage of and seek any resources and assistance as required to seek and obtain relevant, meaningful employment within a designated field.

- **Social skills training.** The agency should endeavour to utilise the most appropriately designated educational and training services to assist the client to develop and enhance their social skills and ability to develop meaningful friendships and other useful contacts and networks. The use of social skills training opportunities should always be undertaken within the confines of industry best practice, and with organisations and services of a good-standing and repute within the industry. The importance of appropriate networking between community service agencies as well as community service workers cannot be emphasised enough.

**The importance of networking**

*Networking* is about recognising and taking advantage of valuable relationships to get things done and to achieve a goal.

Good networking results in putting clients in touch with the resources in their community. It also involves working closely with other workers to be aware of potential and future
needs of the community and devising strategies to address them. It is closely linked with community development—which involves community planning to meet gaps identified in local service provision.

Networking is also related to participation. Through the process of participation in community issues (people joining together to discuss community concerns and have a say in developing solutions), relationships and networks are established between people and workers in the community. These networks put clients in touch with services and workers and potentially build a sense of common destiny and support. Thus, they help to empower individuals and strengthen the community itself.

Workers network to:

- achieve outcomes—for example, to develop a service to meet an identified gap
- establish credibility with relevant service providers
- advocate about issues
- refer clients to the most appropriate services
- maintain contact with other professionals
- debrief about issues
- have access to information about what other organisations are doing, especially with similar target groups
- provide information about your own service and organisation
- work collaboratively to better meet the needs of clients
- establish new contacts who you may work with in the future
- learn about the role, services and resources of other organisations
- support joint programs or activities
- provide information for policy development.

Overview of services and target groups in the community services industry (CSI)

In order to develop and maintain relevant work-related networks, it is important to have a broad picture of the CSI, the people who use services, the structure of the industry and the types of services and activities that make up the CSI.

The CSI is made up of a diverse network of services that assist a wide range of client groups in various ways.

The purpose of the CSI across the range of target groups is to reduce the impact of disadvantages for individuals and to improve quality of life and living standards.

Provide feedback to reinforce the person’s understanding of the intervention and their progress

It’s important for you, as a support worker, to continuously provide feedback to your client as to their progress. Sometimes a client will lose sight of their achievements and focus only on what they did not achieve. Be encouraging and remind them of what they’ve achieved.

Even if there is a lack of progress, you need to provide feedback but make sure that it’s worded not so much in terms of not what they’d failed to achieve but in terms of how they can find alternative ways in which they can achieve. You need to remind the client that the ‘journey’ to recovery is a meandering one, full of ebbs and flows. One step forward can be followed by two steps backwards.
Seek assistance when the person presents with needs or signs outside limits of own authority, skills and/or knowledge

Self-reflection is an important part of working in community services. Self-reflection can be used as a way to review your work, to identify training and support needs and to determine whether your abilities are appropriate to address your client’s needs.

Recognising your abilities and the limits of your abilities can assist you to plan for your client’s needs. For example, while you may be capable and skilled in supporting your client with life and social skills training, psychoeducation and accessing services, you may be limited in your ability to provide counselling or case management services.

Supervision

Throughout your work with clients who have serious mental illness, self-harming or suicidal behaviours, it is important to have regular supervision with your workplace supervisor or manager. Regular professional supervision ensures you deliver the best service you can for your clients. Supervision can also help resolve conflict, legal and ethical issues, achieve effective case planning for clients, and provide opportunities for professional development and training for staff.

As stated in the NSW Health Department’s Framework for Rehabilitation for Mental Health, supervision and consultation are fundamental concepts that underpin the provision of quality rehabilitation services …organisations need to consider the availability and appropriateness of resources to facilitate access to supervision and/or consultation [for workers and managers].

Supervision should consider the professional backgrounds of workers and their ongoing training and development needs.

Report difficulties to your supervisor for advice before continuing service delivery

When implementing any strategies you should consult your organisation’s policy and procedure manual. Part of your duty of care is to work within current legislation and industry guidelines. Implementing strategies that are not endorsed by your organisation, or without sufficient consultation with your supervisor/manager, can have dire consequences for you as a community service worker. It is best, before you do anything new or out of the usual routine, to consult you organisation’s policy and procedure manual, or talk to your supervisor.

Activity

Read the scenario below and then answer the question that follows.

Mamadou is a 29 year old man and has recently become a client of yours in a community mental health service that you are working in as a mental health worker. He has a long history of mental illness and has moved around a lot; often going from state to state. He tells you that he’s been in ‘many places’ to help him with his illness and he tells you that he has ‘lots of family’ he sometimes goes to for help. He informs you that he has a brother who he’s close to and who lives ‘not too far away’.

Question

In terms of utilising a collaborative approach to support Mamadou’s recovery plan and processes, what are some of the issues and strategies that you could employ to assist in this regard?

Feedback
• It’s important to be aware that the client has to consent to allowing his family and friends to become involved in his care planning and management. Most agencies have standardised forms, (as part of their organisational policies and procedures) that allow for clients to give their consent to such involvement. The worker must not automatically assume that it’s simply ‘OK’, to involve outside parties, (such as friends, family members, etc) in the care and management of the client. The client must give consent to such involvement as it’s vitally important to ensure the continued privacy and confidentiality of the client within a service-setting, in-line with the various legislative frameworks that govern this important issue.

• Once consent has been given (per organisational policy and procedure) it’s important for the worker to include such family members, friends and others (for which the client has given explicit consent for) in the actual care planning and implementation of the recovery plan while at the service.

• The involvement of family and friends can greatly assist the client to develop and implement a client-centred recovery plan. They can provide on-going encouragement, support and assistance, and can often observe any issues of concern at an early stage, and possibly bring them to the attention of the client for discussion with their mental health worker.

• It’s also important to liaise with and include other stakeholders, such as the client’s general practitioner (GP) in the development and implementation of the client’s recovery plan. The GP is often seen as the primary medical stakeholder of the client as it’s important to acknowledge that in consultation the client’s GP can assist and provide benefits to the clients recovery processes and other, broader aspects of the those issues facing the client.

• Likewise, other relevant service-agencies can be utilized to assist the client to achieve better outcomes in other facets of their lives, including housing, education and employment, rehabilitation and socio-recreational activities.

• Where the client has had contact with several agencies, it’s important that the worker recognises that the development of a comprehensive client-centred recovery plan can be enhanced by liaising with such agencies. Just as it is important to secure the appropriate consent from the client to contact family and friends, it’s just as important to develop appropriate agency policies and procedures when seeking collateral information from other agencies, including both government and non-government agencies. Within the boundaries of the relevant legislative guidelines and Acts pertaining to individual (client) privacy and confidentiality, the worker may wish to seek additional information from other agencies. Where this is undertaken or sought, it is imperative that the worker undertakes this within the appropriate legislative restrictions as well as the local agency protocols pertaining to this Act.

• In most circumstances, the target agency will also have policies and procedures in place when receiving requests for client-information from other agencies, which will need to be followed. This is undertaken for the sole purpose of protecting and ensuring that the client’s privacy and confidentiality is protected and maintained at all times, and that the workers and agencies within the various community settings abide by all relevant legislative restrictions and guidelines.
Section 4. Working with families, carers, friends and other networks

Introduction
In this learning topic we will look at how you can work with clients and their families. We will explore the effects of a mental illness diagnosis on families, carers and social networks, and give examples of the supports and strategies available to help families and carers cope with the impact of mental illness on their lives.

At the end of this topic you will be able to:

- work with and understand how mental illness can impact on families, carers, friends and social networks
- appreciate how the coping mechanisms used by someone with a mental illness can impact on their family, carers, friends and social networks
- understand the roles and supports available through client workers, carer networks and other family and client supports.

Impact of mental illness on family, carers and social networks
When a client is treated for or diagnosed with a mental illness it can be a confusing and stressful time for them and their family, friends and broader social networks.

Family and community context of mental health
Some of the challenges that face families include:

- the intermittent form of mental illness, in that people have periods of ‘wellness’ and ‘illness’ when their symptoms are prominent and interfere with the daily living of the person with mental illness and their family
- unusual behaviours associated with mental illness symptoms
- assessment and diagnosis, which can be time consuming and repetitive for clients and carers accessing many services
- stigma associated with having a family member with a diagnosed mental illness and the perceived negative connotations of this by the client, their family and carers
- co-morbidity, particularly dual diagnosis of a mental illness and substance-use disorder
- a person’s lack of acceptance of a mental health problem, or refusal to access treatment can be particularly problematic with adult clients who have the right to refuse treatment and control their own health care, unless otherwise directed under the sections in the NSW Mental Health Act 2007 dealing with the treatment and management of involuntary patients and community treatment orders
- financial issues, such as the inability to manage finances when a client is unwell and the increased cost of caring that can be placed on a family
- involvement with the police and legal system.

The effect the mental illness has on the clients’ family and friends can lead to family breakdown, loss of social networks, challenging changes to family and social roles, and isolation and marginalisation for both the client and their family.

Activity: Families and mental illness
Look at the following list of the effects mental illness can have on families.
Give a brief example of how each effect could impact on a family. The first impact is given to you as an example.

- **Isolation**

  **Impact:** Families can become isolated through the social stigma they experience for having a family member with a mental illness. There can also be a sense of shame which is stronger in some cultures. Families may also need to focus a large amount of their energy and attention on the needs of the family member with the mental illness and not be able to participate in social opportunities to the extent they could before the diagnosis.

  - Family breakdown
  - Losing social networks
  - Changes in family roles
  - Changes in social roles

**Feedback**

**Family breakdown**
The challenges faced by families in having a member with a mental illness can lead to family dysfunction and breakdown. Family members may feel resentment toward the impact the mental illness has on the traditional family structure. There could also be elements of blame within the family for ‘causing’ the mental illness.

**Losing social networks**
As the challenges of living with and caring for a member with a mental illness take over their lives, families may find they are no longer able to participate in social functioning like they did previously. Families can withdraw from social contact due to feelings of shame and stigma. Families may also find some previous social networks no longer include them as they cannot accommodate the changes the families need to make in their lives to live with a mental illness in their family.

**Changes in family roles**
Where roles have been developed and delineated over time, the changes a mental illness diagnosis can bring can be difficult to cope with. Adult children may need to be cared for or ‘babied’, there may be an increase in the level of supervision needed, a parent with a mental illness may need caring for by a child (role reversal), or the traditional methods of functioning and communicating are thrown into disarray.

**Family relationships**
The emergence of a mental illness within a family can have an enormous effect on the individual members of that family, as well as the family unit. A son or daughter with a mental illness may require more time and attention from a primary carer within the family, such as a parent or sibling, which may leave little time to focus on other members of the family individually, or the family as a whole.

There may also be issues around the roles family members need to take on to support the person with a mental illness. Some family members may be reluctant to take on a caring role or to learn about the mental illness affecting the family member. This could be related to the previous issue of family needs and individual needs, or could be related to perceptions of mental illness that the family member has or has experienced, such as stigma.

As a community worker you can support families and individual family members by:

- allowing opportunities for family members to express their feelings about mental illness and its effect on the family as a whole and on individual family members
• advocate referrals for families to services able to address their particular needs, eg individual and family counselling, support groups, carer representatives and organisations, future planning and case management

• provide education and information about mental illness and the mental health system, eg flyers, booklets, websites, professionals to talk to, opportunities for families to ask questions

• provide education and information about their family member’s particular mental illness, eg risk factors and protective factors, signs and symptoms, responses and contacts for support

• provide support and consultation to services which support families

• provide opportunities for families to be involved in the planning and care for the person with a mental illness.

Read what Jacky has to say about the concerns of families. Jacky, a counsellor with a welfare services agency, has worked extensively with the families of clients.

Families may have concerns about future planning for their loved one, particularly if the mental illness is disabling and he or she will need support over their lifetime. Families can have internal struggles with allocating caring roles for the future, particularly if the client’s parents are elderly.

There may be concerns for family around concerns such as finances, support, accommodation, social connections, and the time and workload associated with the caring role.

Involving families and carers in mental health systems
There are many ways in which families and carers can be involved in the mental health system to support their loved one with a mental illness. These forms of involvement often meet the specific needs of families and carers themselves, which flows on to provide better caring and mental health outcomes for clients.

The needs of families and carers involved in mental health can often be met through involvement in:

• education concerning both mental illness in relation to their loved one’s diagnosis and education around coping skills to strengthen carers’ roles and the support they can provide to their loved one

• support groups

• information and advocacy

• counselling and respite

• financial support

• specialised programs, eg for people from backgrounds of cultural and linguistic diversity (CALD), Aboriginal and Torres Strait Islander peoples (ATSI), young people

• family-sensitive services
• Area Health Service carer support.
• family interventions

Systemic family therapy
This type of therapy examines the patterns of relation that are set up by families over time. The systemic family therapist will generally meet with the family unit as a whole to explore the different ways each family member perceives different situations or problems. The behaviour and understanding displayed by family members in the counselling session is usually a reflection of how the family operates within its own environment, except that it incorporates the family therapist. The therapist then works with the family to develop an understanding of how each person perceives a situation and their role in the family, and a better working relationship for the family as a unit. As the name suggests, the therapist helps the family examine its systems of relationship and develop better systems to approach problems and communication.

Psycho educational family therapy
Psycho educational family therapy seeks to acknowledge, within the family unit, the nature of the mental illness and to engage the family in the rehabilitation process and provide them with information to understand the mental illness. This model aims to help the client and the family accept the mental illness while developing social support systems to help reduce confusion, anxiety and exhaustion in the client’s family while they learn adaptive strategies.

Multiple family groups
Multiple family group therapy provides an opportunity that single-person, group and family therapy situations often cannot. That is, the ability for the therapy to relate what is covered in the session to the ‘outside’ world. In single-person therapy it is the counsellor and individual alone with everything else outside the therapy room in the ‘outside’ world. In group and family therapy situations, although there are more people involved, it is only a select few who share a common bond, with everything else outside the session in the ‘outside’ world. Multiple family groups allow the ‘outside’ world to be brought into the therapy session as unrelated family groups share the therapy. Multiple family group therapy is thought to reflect real society more accurately.

Support groups
Support groups can offer invaluable understanding and support to families of a person with a mental illness. There are various support groups for all members of the family – parents, siblings and children. The support group generally focuses on a theme at each session – medication, guardianship, psychiatric services, hospitalisation, accessing services, healthcare complaints commission, etc. These sessions give family members invaluable information about mental illness and the mental health system. Sessions would also normally involve a social element where family members can talk to one another, share their experiences, share ideas and learn that they are not alone in the world of mental illness. It can be frightening and confusing for family members of a person with a mental illness. Many families feel isolated by the initial diagnosis and fear the stigma they expect to experience from the community. These support groups can help break down the stigma and give families the confidence and knowledge to learn to accept the mental illness and create a new family dynamic to continue to grow and support one another.

Respite care
Respite care is designed to give carers a break from the responsibility of caring for a person with a mental illness. Respite can be in a residential setting where the person stays for a pre-arranged number of nights, or in a day program where the person attends a program for a number of hours (such as a recreational program). Respite services are generally very limited and can only provide small breaks for families and carers.
Respite is important in families to allow them time to recharge their batteries and perhaps deal with other family issues that may have been placed on hold while dealing with the family member with a mental illness. Respite can also allow parents to spend individualised time with other children.

**Benefits to carers and families**

Family members and clients will need to access information and be in an environment in which professionals working with them are sensitive to their needs and the grieving process associated with this illness. Remember that families and their loved one do have a right to be informed and to make choices that work for them, and you, as a community worker, have a responsibility to provide appropriate information to families and clients throughout your working relationship.

Of course, the community worker should not be deciding what the family and client need without talking to them. Consultation should take place constantly throughout the working relationship, not just at the beginning. Family and client needs can change at any time (as can everyone else’s). New issues or ideas can cause new plans of action, referrals or information to be needed. Community workers should be a conduit to information and support for the client, families and carers.

**Supporting children of parents with a mental illness**

It is primarily important as community workers to remember that both parents and children have rights in relation to the services and care they receive. Parents also have responsibilities in relation to their children’s wellbeing.

When working with Children of Parents with a Mental Illness (COPMI) it is important to support children to live as normal a life as possible within their situation. This includes being able to learn, play, socialise, be protected and have support to continue or develop positive and strong relationships with their parents.

One of the most frightening issues for parents with a mental illness is the thought that their children could be removed from their care due to risk of harm. Parents should be supported to develop strong prevention and mental health maintenance strategies. This can help parents feel in control of the mental illness and respected as parents, as well as contribute to a better recovery. Also, this can help children feel secure in their relationships with their parents.

Providing education to children about their parent’s mental illness is also an important strategy in supporting COPMI and families. The more children understand mental illness and how it might affect their parents, the less scary it can be for them. Many COPMI already play a caring role in relation to their parent’s mental health. Understanding mental illness, the signs and symptoms, and how to respond can help children feel secure and empowered in their homes. This can also help improve relations between parents and children through a mutual understanding.

The Australian Government has prepared guidelines for responding to children of parents with a mental illness, including areas to focus on and supports to be provided. These responses involve:

- reducing risk and promoting wellbeing
- supporting families and children, including supporting the family unit and addressing the needs of the individual family members
- addressing grief and loss
- providing children and their parents with information and psycho education appropriate to their age, culture and individual needs
- supporting parents and children in their decision making
ensuring the care and protection of children, including requesting the involvement of the Department of Community Services’ (DoCS) Child Protection systems if children are at risk

• developing partnerships and cross-agency networks to support the various and varied needs of children and parents

• involvement of families, through consultation and participation, in workforce and agency development

• responding to research to ensure continued best practice for working with children and parents.

Many community mental health services would need to refer families, and more specifically children, to specialist services for support and counselling around mental illness. It would be inappropriate for a community worker to work with children in isolation from child-specific services.

Effects of coping mechanisms of persons with mental illness on family, carer/s and other social networks

Effects on families
The way a client copes with their mental illness can be quite different from what we expect in ‘normal’ society. As described previously, coping mechanisms can result in challenging behaviours that the client’s family must deal with on a day-to-day basis. These behaviours may be directed inwards (focused on what is happening inside the client) or directed outwards (focused on what is happening outside the client).

Activity: Internal and external coping mechanisms

Can you list some internal and external coping mechanisms that might be used by clients with a mental illness?

Feedback

Internal coping mechanisms
These can include:

• sleeping a lot
• taking alcohol or drugs
• not eating or drinking
• talking to themselves
• apathy.

External coping mechanisms
These can include:

• violent behaviour
• isolation
• making strange objects (eg special hat to protect thoughts)
• collecting or hoarding
• abusive language.

Activity: Everyday effects of mental illness
What do you think could be some of the everyday impacts on a family of these coping mechanisms used by a family member with a mental illness?

Feedback
Some of the everyday impacts on a family of the coping mechanisms used by a family member with a mental illness include:

- stress and exhaustion
- confusion and anger
- depression and anxiety
- frustration and poor health outcomes
- family dysfunction and financial impacts.

Anxiety and frustration
It is difficult for anyone to deal with strange thinking and behaviour. Imagine what it must be for families of people with mental illness. It is bewildering, frightening and exhausting. Even when the person is stabilised on medication, the apathy and lack of motivation can be frustrating.

Family members may have trouble understanding any difficulties the person is having, or they may tell themselves that the person will ‘snap out of it’ if given time, support and encouragement. Families may become angry and frustrated as they struggle to get back to a routine that previously they have taken for granted. It is often easier to believe everything will go on as before, rather than to focus on the changes and adjustments the person and the family must make.

This behaviour often results in the family going from crisis to crisis, without any plan to deal with the situation. They become more and more frustrated and bewildered because both the ill person and the family have no control and no understanding of what is happening.

Obviously such constant stress and concern can create serious family problems. Family life can be unsettled and unpredictable. It becomes very difficult, often impossible, to plan for family outings or to have even the simplest gathering at home. The needs of the family member with the mental illness become all-consuming while the family still have to deal with their own needs and everyday life.

For siblings this can be very painful. It appears that their needs, their time to have the focus on them, are put off or ignored. In some cases parents disagree on what should be done or find that caring for the family member with the mental illness leaves them too exhausted to give much attention to their partner. This can create an atmosphere of confusion and resentment, which can result in irreparable damage to the family.

Stress and exhaustion
Often families become worn out and discouraged dealing with a loved one who has a mental illness. Having gone down many dead-end streets in an attempt to find assistance, they may be hesitant to try another approach for fear of another failure. They may begin to feel unable to cope with living with someone with a mental illness, someone who needs constant attention and uses all their energy.

Families may feel completely out of control. They may be at their wit’s end, believing that it is impossible to predict what will happen from day to day. The family member with the mental illness may be demanding, threatening, and refusing all efforts to help them. This is especially likely to happen when the family member with the mental illness does not understand the affect of their coping mechanisms on their family due to their mental illness.
Confusion
Following a diagnosis of mental illness families can experience confusion in relation to understanding the symptoms of the mental illness, how they can support the family member with the mental illness, and understanding what supports are available. Families can also feel confusion due to the change in roles and relationships as they struggle to make sense of the changes and to retain a sense of sameness.

While getting information and support is a good way to address confusion, there will also be an element of trial and error that families go through as they work out what best works for them and what information and support is relevant to their situation.

Confusion can lead to increased levels of anxiety and depression; contribute to family breakdowns; and developing unhelpful patterns of communication. Confusion can be a natural reaction to the changes that are thrust upon families when a family member is diagnosed with a mental illness.

Anger
Like confusion, anger can be a natural response to a situation over which we have no control. Having a family member diagnosed with a mental illness can elicit an anger response in relation to lost opportunities and futures, and is a part of the grief and loss response.

Anger is not necessarily a negative emotion and can be useful in helping families identify what is important to them, what they have lost and where they need support. Anger becomes a negative response if it results in behaviour such as violence and alcohol and drug use. It is important for family members to be able to express their anger in healthy ways so they can feel heard and valued; in order to not become ‘stuck’ in their anger; and to develop strategies to move on with their lives.

Poor health outcomes
Unaddressed anger, frustration, exhaustion, anxiety and depression can lead to poor health for family members. Feeling overwhelmed and tired can contribute to poor eating habits, take time away from physical exercise, and disrupt normal pleasure activities. Each family member needs to take care of themselves and ensure they are making time for their own needs. Remember, we cannot help others if we don’t help ourselves first. This can seem difficult in the face of overwhelming behaviours and dramatic changes in our lives, yet it is through a healthy approach to our own lives that we build and maintain the facility to deal with adversity.

Poor financial outcomes
The needs of a family member with a mental illness can overtake the needs of the family. Poor financial outcomes can be experienced from having to reduce or cease working to care for the family member, the cost of psychiatric care and medications, or even lost money and resources through theft by the family member with the mental illness in some instances.

Families need to access support and be aware of their own financial needs to reduce this negative impact. Families should also be encouraged to budget for these needs, and to factor into their budgeting things which are for the family’s own benefit, not just the person with the mental illness (eg holidays, nights out at dinner or movies, presents). Reducing financial pressures can also help alleviate frustration, anger, stress and anxiety, and contribute to positive health outcomes for the family.

Activity: Dealing with frustration and stress
Read the following scenario and describe how you could support the mother to deal with her frustration and stress in relation to her daughter’s behaviour.
A mother mentions how her daughter, when asked to put her clothes in the closet, looked at the clean clothes for over an hour before making a move to hang them up. What was a matter of routine for this young woman in the past now seems to take an inordinate amount of time. Even though the mother knew it was not so, she had to fight the feeling that her daughter was deliberately not doing this one, small task.

Feedback
It is obvious from this scenario that the mother would benefit from learning some new approaches to supporting her daughter, and developed strategies to deal with her own feelings of frustration and stress. Bringing in other services to work with the daughter around daily living skills could relieve some of the stress her mother feels towards lack of action in this area. Making referrals for the mother to a support group or counselling services could help her give a voice to her frustrations with like-minded people, and perhaps she could pick up some skills from others to help her deal with these frustrations when caring for a family member with a mental illness.

Supporting families and carers
There are many things families and carers can do to support the person with the mental illness while looking after themselves and ensuring their own support. As a community worker you may be required to work directly with families and provide some of this support, or you may need to refer families and carers to other services. In either case it is important for families to be given a number of options for support that can address their needs in different ways. Families should also be approached as constantly changing unit. Family needs, and the supports that go with those needs, will change over time. Some of the specific strategies you can use to support families and carers include:

• giving them a voice
• actively listening to their needs
• developing strategies to address specific needs
• empathy and understanding
• psycho education
• referral
• Giving them a voice

It is important the families and carers are given opportunities to talk about how they are feeling, their experiences, what concerns them and their loved one. These opportunities can come in almost any form, from talking with friends over coffee, talking with a counsellor, through support groups, or in casual conversation with workers. While you may be having regular contact with a parent or one specific family member, you should keep in mind the need to provide all family members with the opportunity to have a voice, including children, other relatives and sometimes close friends.

Giving family and friends the opportunity to voice their emotions and concerns can help them uncover strategies within themselves to deal with these concerns. It also shows a level of value and respect to the person. Mental health workers should not assume that families and friends want to take on the role of caring for the person with the mental illness. Sometimes this role is thrust upon family and friends, especially within our society where such roles are expected, and refusing to take on the role can lead to feelings of being judged.

Active listening
Active listening involves listening to all aspects of the communication you are having with others. When actively listening to family and friends of someone with a mental illness, you need to pay attention to the words they are using, the tone of voice, any overuse of
metaphors and abstract examples, what they are not saying, and the use of body language and eye contact.

Active listening can give you insights into the way a person is feeling, their level of understanding and acceptance of the mental illness, feelings of guilt or shame, experiences of stigma, issues in other relationships within the family or social network, signs of asking for help, and signs of issues that may need to be addressed by a more qualified professional, such as signs of depression or alcohol abuse.

Active listening can contribute to a feeling of being respected for the family member or friend contributing to their 'voice' being heard. This in turn can increase levels of confidence and the ability of the person to seek help in times of need.

**Developing strategies**

When working with clients with a mental illness we need to ensure we identify their needs and develop support plans, or strategies, to address those needs. The same approach applies to support for families and friends. Strategies can be as varied as providing written information on the specific mental illness, practicing modes of communication and intervention to be used in the home, providing a referral to a professional or other support service, or merely providing a sympathetic ear.

The type of strategy required will depend on the issues identified and the severity of the issues. For example, while talking with a family member you may identify signs they are suffering from some depression. These signs could include oversleeping, lack of motivation and the inability to think straight. The severity of the symptoms, and their longevity, will determine the type of strategy you use to support them. For initial signs and symptoms of depression you may give them some literature on mental illness and families or suggest they attend a support group. If the symptoms of depression have continued for some time (usually weeks) then you may need to make a referral for the person to a counsellor or psychiatrist.

Some strategies will also be universal while others will apply to specific family situations. Universal strategies include remaining physically and emotionally healthy, ensuring the family has a balance between their own needs and the needs of the person with the mental illness, seeing their doctor regularly, and accessing support. Specific strategies could include referrals for specific services, or developing ways of coping or communicating around particular issues with the person with the mental illness.

When deciding on strategies to support the family or friends you should always remember to include them in the decision making. All your work with clients, families and carers should include an underpinning framework of the client-centred approach, and aim to promote independence and autonomy.

**Psycho education**

Psycho education involves teaching clients and their families about mental illness and mental health issues so that they can effectively self-manage these issues in the future. By developing a greater understanding of our problems we are often better able to recognise warning signs and symptoms and identify sources of treatment and support that are needed.

What we don’t understand can often seem confusing and beyond our control. Having a greater understanding of themselves and their conditions assists clients to become independent and learn to live a functioning life without overwhelming fear or apprehension of when symptoms might recur.

Psycho education helps families and carers learn about mental illness so that they can also recognise warning signs of relapse and be better prepared to support their loved ones.
Psycho education also involves teaching clients and their families about the mental health systems, where to find assistance and how to navigate the confusing array of resources that exist in the community. By having a greater understanding of mental illness and the mental health system, clients and their families can feel empowered and in control, rather than be victims of an illness and system that is thrust upon them.

Psycho education can be used in conjunction with other therapies or as a stand-alone technique for assisting clients.

**Referral procedures**

Referral is an important part of working with clients and their families. As workers it is not possible for us to meet every need our clients might have, so sometimes we need to send clients to another service or bring in a specialist to help. As support workers it may not be our role to support families in the way they need, so referrals may be the only way of ensuring they get appropriate support.

The purpose of referral is to match the needs of the client or family as closely as possible with the services that are available. Referral should not be used as a way of getting rid of ‘difficult’ families, but as a way to meet families’ needs.

Some of the reasons we may refer families to another service include:

- the family member may ask to be referred to another service
- the family member may require detoxification or other specialist service your agency cannot provide, or which is necessary before they begin working with your agency (eg sexual assault issues, drug dependency, physical disabilities, acquired brain injury, medical issues, etc)
- the family member may feel more comfortable working with people with a particular cultural or linguistic background
- we might not have the necessary skills or experience to work with some families
- you may not have been very successful in helping a family
- the family might be moving to another area
- you, the worker, might be leaving your job at the agency.

Keep in mind that you have a duty of care to keep your clients, in this case the family or carer, safe from foreseeable harm. This means you have an obligation to find out about the service you are referring to, whether they are reputable and whether they have adequately trained staff. The best way to check out a service is to make a personal visit. This can be time consuming but can give you a much better idea of whether a service is appropriate for the family, and also helps foster interagency links which can contribute to smoother referral pathways in the future.

You should be familiar with your agency’s policy and procedures regarding referrals, and always abide by confidentiality guidelines.

**Positive impact of workers, carers and associated networks**

**Empowering clients and carers**

Client empowerment includes:

- having decision-making power
- having access to information and resources
- having a range of options from which to make choices
- a feeling that the individual can make a difference
• reclaiming one’s story from the ‘case history’
• understanding that people have rights
• effecting change in one’s life and in one’s community
• learning skills that the individual, not necessarily the mental health professional, considers important
• changing others’ perceptions of one’s competency and capacity to act
• feeling confident regarding ‘coming out of the closet’ as someone with a mental illness/psychiatric disability.

Clients and carers may have themselves taken steps towards empowerment such as: setting up and running self help organisations and groups such as We Help Ourselves (WHOS) ARAFMI and GROW; acting as advocates to other clients and carers; being involved in community education programs; participating in community advisory/reference groups; acting as consultants to governments and service providers; and becoming involved in relevant social research.

**Activity: Consultation with families**

Can you list some benefits of consultation for families?

**Feedback**

Some of the benefits of consultation include:

• an increase in self-confidence
• skills development
• improved finances
• improved rehabilitation or recovery participation and outcomes
• mental health service development.

**Client and carer participation**

Client participation is more than having individual rights respected by organisations and individual workers involved in mental health clinical and non-clinical service delivery. It also means clients being able to be actively involved in partnerships in treatment decisions and the planning, delivery and evaluation of services with which they are engaged. Most state mental health policy documents stress the importance of client, carer and community involvement in these processes, and client/community advisory groups have been set up in most states to advise Ministers and health departments. However, real participation, as opposed to tokenism, at the local service delivery level has been difficult to achieve, as service providers find the shift in power this would entail challenging, while clients are still overcoming centuries of disempowerment.

**An increase in self-confidence**

When initially involved in the mental health system, the client and their family can be quite confused and overwhelmed by the complexities of mental illness.

As clients and families continue working with mental health services they become familiar with the language, processes and workers, and are able to more fully participate in decision making. They gain control over their lives and treatment as they are increasingly consulted. This control fosters a sense of empowerment, which can lead to increased self-confidence. The increase in self-confidence can serve clients and families well in future dealings with mental health services and with services in general. With self-confidence comes a decrease in feelings of hopelessness and helplessness.
Skills development
Clients and their families can also gain valuable skills as they gain experience dealing with the mental health system. Clients and carers who are encouraged to determine their own treatment and support paths will become increasingly more independent in their dealings with services and choices. These skills are not mental health industry-specific but can travel with clients and carers into their dealings with anyone. It is through achieving goals and learning new skills that we all gain a sense of independence. Being alone is a big fear for many people with a mental illness. Increased skills in self-managing finances, work, leisure, supports and services can help a client feel they are independent and capable but not alone.

Improved finances
Client consultation can help save money for clients and their carers by alleviating their need for duplicating services and providing them with negotiating skills and advocacy that may result in a reduced or waived fee-for-service. Service delivery participation can also provide clients and carers with the skills to better manage their finances and ensure they are receiving value for money.

On an organisational development level, client and carer participation can help services better manage their funding and supplementary finances by ensuring:

- the money is being spent in areas of need
- costs are kept within budget for service delivery and administration
- service delivery is constantly evaluated with a view to ensuring flexibility of service in meeting the changing needs of the organisation’s service recipients and the community.

Improved rehabilitation or recovery participation and outcomes
There is a growing recognition that clients have enormous potential to influence their own health outcomes if they are involved actively in shared decision making and are provided with quality information and appropriate self-management tools. There is growing support for the positive effects that shared decision making has on the effectiveness of treatment in the mental health industry.

Mental health service development
When clients and carers participate in services they are contributing to the development of that service. Participation on a service delivery level allows workers and managers to evaluate how well their service meets the needs of the people who access that service and what improvements can be made to service delivery, access, equity and service promotion or expansion.

Clients and carers can also participate in organisational and service development. Participation in surveys, evaluations, research and acting on committees and boards are some ways in which clients and carers can influence and improve mental health service development.

Participation at both service delivery and service development levels contribute to clients and carers feeling empowered, respected and valued while increasing their sense of empowerment.

Barriers to consultation and participation
There can be many reasons for families being excluded from participating in the care and recovery of a client. These barriers could be physical, relating to the accessibility of services. This could be in relation to parking, public transport, disability access or child care, for example. The barriers could also be emotional, relating to the fear, anxiety and sadness families can feel when a loved one is diagnosed with a mental illness or they witness a loved one experiencing a psychotic episode. Many people, particularly parents,
need to go through a grieving process when a mental illness is initially recognised. They need to grieve for the loss of their dreams for their child. Other barriers could be psychological—families in denial or afraid of the stigma attached to mental illness. Yet again, barriers could be cultural. Some families might not approach mental illness in the same way as we do in our dominant Western culture, or they may have trouble accessing services and information appropriate to their community language and cultural beliefs.

**Types of consultation and participation**

So how do you ensure the families and carers of the clients you work with are involved in the rehabilitation and care of the client? There are various ways of promoting consultation and participation and they depend on what it is you as the worker want to achieve, what your service wants to achieve, what the client’s goals are and what the carers want out of the relationship.

Consultation and participation can take the form of:

- involvement in the assessment and goal-planning processes with the loved one
- informal conversations
- surveys and questionnaires about the mental health system in general or a specific service or to identify the need for support for families and carers and how a service can meet those needs
- becoming a member of an organisation and exercising the right to vote in board elections, and influence the strategic operations of the organisation
- referrals to counselling, advocacy, etc
- involvement in special projects, such as policy development, research and government forums
- volunteer work
- case conferences
- training and education provided by organisations for carers
- financial assistance with fees, travel expenses, etc.

**Models of client participation**

The most essential factors in forming strong partnerships between mental health clients and community organisations are cooperation between the two groups and shared decision making.

**Community control**

This model of client participation has been widely used in community health. Within this model the community takes control of the health service by incorporating the service and electing a board of directors from the local or serviced community. Many community health services in Victoria are based on this model, along with over 100 Aboriginal community-controlled health services (ACCHSs). Women’s health services have also been established under this model, allowing a specific community to identify and establish a service to address specific health needs.

**Partnerships**

In a situation where community health services are under the control of their communities, their control can be extended by forming partnerships with other providers. This is an example of how formal partnerships work, by developing a service partnership with another service provider. This is part of the community health structure across Victoria, where community health services, women’s health services, Aboriginal health services and other health services have been divided into primary care partnerships (PCPs)
Based on geographical boundaries. While formal partnerships exist within each PCP, there are also formal partnerships across PCPs. Formal partnerships are usually based on a service delivery need, e.g., regular cross-referrals, research projects, health trials or service types (AOD, mental health). In NSW there are many formal partnerships between services, such as membership of the Mental Health Coordinating Council of NSW, partnerships with Area Mental Health Services, hospitals, GPs, psychiatrists, the housing department and so on.

Community development
Community development is another common form of client consultation in health services. In this model, workers and services focus part of their energies on helping communities identify needs and going where they are most needed. This helps promote a sense of belonging for both the community and health service, while also encouraging communities to identify needs and form partnerships with other services to address those needs. This model promotes independence and action within communities. This type of model is most successful when the partnership focuses on local issues.

Information seeking
This model allows health services to seek information about their needs from the community and provide services and responses appropriately. This also provides an opportunity for the community to provide feedback to the health service about its effectiveness in assisting and addressing community need. Methods for collecting information include questionnaires, surveys, interviews, group discussions, case studies, public meetings, phone inquiries from clients, forums and diaries. Information can also be accessed through regular satisfaction surveys of clients currently accessing services. This is particularly relevant to mental health services where clients can receive services for extended periods or many times over their lifetime. Satisfaction surveys can also be good methods for gaining insight into what the client wants and how your service is helping them get there and the effectiveness of your service in relation to families and carers.

Client participation in mental health services
Many consultation models are basically the same across different health settings. All the models listed here can be used equally in mental health, general community health, women’s health, Aboriginal health, AOD services, aged care and childcare.

Individual Service Plans (ISPs) are the most straightforward way for clients to participate in their mental health service delivery. It is a basic right of clients to know what is happening around them, what plans are being made, where they need to go to access services, and who will be supporting them. This is a form of information seeking and consultation. Knowing what your client wants and what your service can deliver can be very informative about your service and client expectations. If your service constantly fails to meet a common need of your clients’, then this is an identified service gap that your service may want to address.

If meeting a client’s need involves referral to another service, your service may want to consider forming a partnership with that service. For example, you work for a psychosocial rehabilitation service and have found many of your clients say they have nothing to do during the day. The nearest day activity centre is reported by your clients as being too difficult to access, needing two buses to get there. Through discussion with the activity service and a local hall, you arrange to jointly run a weekly drop-in. This benefits your clients by giving them something to do during the week (granted, only on one day for a couple of hours), promotes service partnerships between all services involved, gives your clients the opportunity to meet staff and clients from the activity service, which may encourage them to attend the centre on other days, and informs your clients that your service is committed to meeting their needs where possible.
Involvement in ISP development for clients also promotes a sense of independence and control that can be missing from interactions with other people and services. ISP development can also be an opportunity for family and carers to highlight their needs and how your service may be able or unable to support them.

Other models of client participation in mental health include:

- client advocacy
- client representation
- employing client consultants
- client satisfaction surveys
- client groups/forums.

Success for client participation models depends on workers and clients. Clients need to be respected for the experiences and knowledge they have about their own lives and illnesses. ‘The client perspective is lifelong and health focused, whereas the design and structure of ... services is episodic, reactive, and illness focused.’ (Shield, 2004). Services need to ensure the appropriateness of client participation and consultation, including the training and knowledge of staff and client consultants, and appropriate support for client consultants.

Client representatives

A client representative is a member of an organisation who has been elected by the clients, or employed by the organisation, to represent the interests of clients on an organisational level. The client representative usually takes part in decision making and service planning to give the client perspective. Although a client representative is mostly accountable to the employer organisation, they are also accountable to the clients they represent.

Some of the specific elements of the client representative’s role include:

- protecting the interests of clients, service users and potential service users
- presenting how clients may think and feel about certain issues
- contributing client experiences
- ensuring the committee recognises client concerns
- reporting the activities of the committee to clients
- ensuring accountability to clients
- acting as a watchdog on issues affecting clients
- providing information about any relevant issues affecting clients.

Client representatives should not be required or expected to have expertise in all areas of service provided by the organisation. The client representative provides client perspectives on an issue. Most clients are not experts in specific service delivery or mental health service systems, yet they do have a legitimate interest and perspective in areas affecting their lives. Client representatives should not be expected to undertake client consultations beyond what is required to inform their own input to the organisation. If wider client consultation is required, the client representative can advise the organisation on how this might be achieved. Further they are not expected to speak for the organisation. The client representative represents clients, not the organisation. In some circumstances, as with all employees, a client representative may be asked by the organisation to represent it at a forum or conference. These occasions would be negotiated with the client representative on an individual basis.
Activity: Client representatives

Consider the following questions in relation to your workplace:

- Does your organisation employ a client representative?
- How could you use client representatives in your work?
- How could a client representative assist you in your work, and assist clients in your service?

Feedback

As everyone will be working with different services in a wide range of settings, there is no right or wrong answer to this activity. Client representatives can be used in any service to help advocate for the rights of clients, ensure a client perspective on policy and service development, and provide clients with an understanding person to whom they can complain, discuss or praise the services they are using.

What answers did you find? Discuss your answer with other students and co-workers.

You may want to think about ways to improve client representation, or include a client representative in more activities in your organisation.

Family-friendly practice

It will depend on the type of service your agency offers as to how family friendly you need to be. For example, a five-bed residential facility for young men aged 17–25 may not need to provide facilities such as a baby change room, playground for little children or colouring books and pencils to be family friendly. This service would need to look at the types of families visiting the service. Due to the age of the men, it may be that most clients have involvement with adult families or parents when at the service.

There are some simple ways you can help make your service family friendly. You can work out what is appropriate for your service by asking some simple questions.

Family relationships

It is important to facilitate cooperative relationships between:

- the client and his or her family—this can help increase protective factors and decrease risk factors through a sense of connecting and support. This can also assist the family to retain or create strong links as a unit.
- the client and individual members of her or his family—this can also help with increasing protective factors and decreasing risk factors, as well as helping individual members of the client’s family to better understand her or him and the mental illness. This can lead to an individual member feeling more involved and respected in relation to the role they can take on in their loved one’s recovery.
- the family and your service—this can help with care and discharge planning, resolving issues or conflicts, a better understanding of what your service does, promotion of your service to the community and upholding the reputation of your service. This can also help the family feel involved and respected by your service as a whole.
- the client and your service—this is obviously an important relationship to build positively and maintain, as it directly influences the client’s recovery. This relationship can also help the client come to terms with his or her mental illness and develop an understanding of what his or her family is experiencing.
• your service and other mental health-specific and generalist health and welfare
services—this can help families access services appropriate to their needs, provide a
positive community perception of your service and uphold the service’s reputation.

Networking

What is a network?

According to the Collins Dictionary, a definition of network includes, ‘a group of people
who cooperate with each other; an arrangement of intersecting lines’. This definition is
very relevant as it implies people working closely together and with some crossover or
connection in their purpose.

For example, in the youth area, workers from services working with young people often
meet together on a regular basis to share information about recent service developments
affecting young people and to lobby for improvements to services. This may include youth
health services, recreation service workers, youth accommodation support workers, youth
counsellors and employment support workers.

The importance of networking

Good networking results in putting clients in touch with the resources in their community
and involves working closely with other workers to ensure that the needs of clients are
being met.

Imagine if you had just arrived in a new area, you may be recently separated from your
partner and have small children. You know nobody in the area and know nothing about
what services are available. How would you find out? How would you know which services
are the most relevant for you to know about and how to access them?

You might rely on the first worker you get in touch with to provide you with this
information and help you access the services you need.

Read Guillermo’s views on networking.

Guillermo, worker

Networking also involves finding out exactly what you need to
know in order to assist your clients.

If you have a client who needs to be linked with services, you
are able to use your networks to make sure that they receive
the information and services they need.

I think that this is a critical role for a community services
worker to play in someone’s life.

Role of advocates and advocacy services

Sometimes a concern or a complaint cannot be managed at the service level, and the
client, family member or carer will need to be referred to an outside agency. The client
may need some particular attention and maybe specialist advocacy advice. For instance, a
client may be involved in a complex domestic violence situation where they require an
advocate with sound knowledge of domestic violence legislation and the options available
to that client. Clients with disabilities may require an independent advocate due to
difficulties in communication and conflicting wishes by a number of family members.
Remember, clients may not always be aware of their rights in the first place.

Examples of advocacy services include:
• The Intellectual Disabilities Rights Service—an agency set up to make sure that the rights and responsibilities of people with an intellectual disability are upheld located at 128 Chalmers Street, Surry Hills 2010, ph (02) 9318 0144
• Citizen Advocacy NSW—recruits and supports citizen advocates (volunteers) to support people with intellectual disabilities in need of advocacy located at Bondi Junction, ph (02) 9369 2411
• Domestic Violence Advocacy Service—a free and confidential advocacy service for women experiencing domestic violence
• The Law Society of NSW—free legal advice about a wide range of legal advocacy issues ph (02) 93737300.

As an effective worker in the CSI, you need to network regularly with advocacy services that focus on the target group you work with so that you are aware of recent developments in the area, such as changes to legislation and can refer a client to another service or agency, if necessary. For a wide range of specialist advocacy services across a broad range of target groups, access the internet and type Advocacy Services NSW into the search engine.

When you make a referral of a client to an advocacy (or any other) service, you need to keep in mind the following:

• be clear about what service is offered by the agency you are referring to and who is eligible to receive the service
• obtain written information on the service to give the client, including an outline of the services offered, contact details, the name of a worker and instructions on how to make contact with the service, eg a telephone appointment or present at the desk, a map or information on transport to the service can be useful
• obtain the client’s informed consent to refer them to another service; this means being very clear about what is involved in the referral, such as what personal information you will need to share and what will be expected of the client, providing written information about the service will help
• ascertain how confident the client is in accessing a new service. Would they like you to phone and make an appointment for them? Does that mean the referral is more likely to happen?
• follow up any referrals made—a quick check as to its suitability not only shows your concern but also increases your knowledge of appropriate local services and how they deal with your referrals.

To make sure you are familiar with other services in your area, you should visit the services you make referrals to, make personal contact with the workers and invite them to visit you. Where time is tight, attending local gatherings of community workers, for example inter-agency meetings or training are quick ways of keeping knowledge and contact current.

Summary
In this topic we have explored the importance of family support for client recovery, and the effect a mental illness can have on the family unit. We have looked at various family intervention models available and reviewed the impact of mental illness of a parent can have on children. We have also looked at how coping mechanisms can impact on family and carer functioning and some of the strategies available to improve on the outcomes of that impact. Finally we have examined the importance of client representatives and carer networks in supporting families and clients to become independent and receive the support they need.

This learning topic has given you the skills and knowledge to work with an understanding of the issues families and carers face when supporting someone with a mental illness, the importance of supporting families and carers with their own needs, and the ability to use strategies to give families and carers access to that support.
Social barriers that impact on persons with mental health issues

Social barriers usually evolve from inequalities in society. Inequality occurs when there is social injustice or lack of respect for human rights. Most of us have heard of inequality in relation to the divide between the rich and the poor. Inequality relates not only to material wealth but also to the wealth of opportunity and access to services as accorded by our human rights. This means there are some people who have rights, access or opportunity and some people who do not have these things (or have limited access to them) due to social injustice or economic reasons.

These kinds of social barriers can result in stigma, and isolation and marginalisation. Social barriers can develop due to cultural factors in society like age, gender, cultural background or socio-economic background. Social barriers can also evolve from physical barriers, such as living in remote areas.

People in rural and remote areas

While mental health education is being delivered in schools and to communities through education and awareness programs, resolving these issues in rural and remote communities is not easily done. Increased education of GPs is one strategy of providing clinical support while avoiding the stigma of using mental health services. Unfortunately in many rural and remote communities all their health services are located in one centre, often a hospital, making it difficult for people to access services confidentially. Using GPs is a way of improving confidentiality as no-one needs to know why someone is seeing their GP and it is not seen as an uncommon event. Accessing mental health support services is more difficult as these are specialist services and cannot easily be masqueraded as mainstream services to protect the privacy of clients.

Community education is important in the fight against stigma. As we have discussed stigma is the shame attached to something thought of as socially unacceptable. So while specialist mental health services may make it obvious to a small community that some people are living with mental health issues and mental illness, these services could provide valuable community education programs around mental health, confidentiality and community involvement in supporting people with mental illness.

The difficulty is then attracting mental health professionals to rural and remote communities. Often in these areas mental health and other specialist workers are working in isolation, which in itself creates issues of overstretching of services. A lone worker in a remote community may not have the time or resources to be conducting community education programs as well as running a mental health service.

Recognising communication barriers as a result of mental illness

When working with clients with mental illness and mental health issues you need to be constantly assessing the client’s cognitive abilities. While clients might sit through the assessment process, agreeing with you, offering information and nodding as you talk, they may also be distracted in their minds and not really focusing or absorbing the information being given. If you do not pick up on this in the early stages of working with clients, you could spend a lot of time and resources needlessly going over the same ground.

Remember, communication not only means a client’s ability to talk. Communication involves talking (speech, sign language, and pictures), listening, processing information and relating information to appropriate situations. Mental illness can often interfere with a client’s ability to process information and relate it to appropriate situations, while auditory hallucinations could interfere with a client’s ability to listen or internally process information.

Recognising these issues early on in the assessment process gives both you and the client the opportunity to acknowledge that these issues exist and to develop strategies to work towards overcoming or controlling these issues. This may include the client having a
personal advocate present to assist with some of the answers, postponing the assessment or conducting the assessment in stages over a number of sessions.

Mental health and the elderly

The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health states that its aims are to ‘promote mental health, and prevent and reduce mental health problems and mental disorders among older adults’. It aims to do this through:

- community awareness and understanding of positive ageing
- policies and practices that encourage community participation of older adults
- mental health literacy among older adults
- social support and social connectedness
- improved mental health for carers of all ages
- reduced abuse of older adults
- reduced risk factors for mental health problems and suicide
- early intervention for depression, anxiety and dementia.

Strategies to respond to barriers faced by persons with mental health issues

People with mental health issues deal with and face several barriers and stigma when dealing with the community at large. As mental health community workers we have to identify the effect of these barriers faced by clients and possibly equip them with strategies that help deal with the impact of these barriers. Equally, it is important that people in the community be educated in this regard.

Some of these strategies are:

- community education programs
- complaints about the portrayal of people with mental illness in the media, eg Australian Communications and Media Authority (ACMA), Advertising Standards Bureau, Office of Film and Literature Classification. These complaints can also be passed on to SANE at www.sane.org.au. Sane conduct a stigma watch campaign and will publicise examples of stigma (after verification)
- complaints about accessing services to relevant authorities, eg Health Care Complaints Commission, service management
- education through discussion—clients and community workers talking openly with the public about the facts of mental illness.

Diagnostic labelling

Diagnostic labels serve an important role in treating mental illness. They give the treating practitioners an idea of the symptoms and how best to manage those symptoms, such as what medication or strategies generally work well for people with this diagnosis. Labels can also have limitations because people are more than the labels they have received and each has a life beyond that label.

Psycho-education

Psycho-education, as the name suggests, is education around psychiatric issues of mental illness. This type of education provides essential knowledge of the facts of mental illness to clients, families and friends.

Psycho education should be part of a client’s overall treatment plan. This education provides the client with factual information about their mental illness, the treatments available (including medications), the signs and symptoms of the mental illness, and an outline of strategies and supports that have been used successfully to treat that type of mental illness.

Through this knowledge, clients and their families and friends, will have an increased awareness of the mental illness, leading to more control of the illness and its treatment.
for the client. Armed with this knowledge, clients can often control their own mental illness management, with fewer episodes of lesser intensity.

Psycho-education can be delivered by:
- clinical and non-clinical mental health services
- psychiatrists
- psychologists
- mental health nurses
- Specialist counsellors
- GPs
- in print or on websites (if a client is accessing information themselves over the internet it is best that they take what they have learned to a mental health professional to discuss. This ensures the client has understood the information correctly).

The six-step model
The six-step model is designed for you to work with a client to identify the barriers they are experiencing and develop strategies to deal with those barriers. This model can be useful in a number of different situations.

The six steps are:
1. Defining the problem
2. Ensuring client safety
3. Providing support
4. Examining alternatives
5. Making plans
6. Obtaining commitment

Using the six-step approach to working with clients also relies on you working from a client centre and strengths-based approach, and recognising the clients’ ability to commit to change as outlined in the ‘stages of change’ presented earlier.

1. Defining the problem
This step involves discussion with the client and any other interested parties (eg family, carers, case manager, etc). Through this discussion you and the client can hopefully form some understanding of what the problem or issue is that the client needs assistance to address.

During this stage other issues may arise which also need to be mapped and defined. Often clients can present to a service with a number of intertwined issues that the client and service need to understand in the context of the client’s support needs. It is through agreement on what the problem is that the client and service can begin a relationship of respect and empathy.

2. Ensuring client safety
Whatever the defined problem may be, it is the worker’s duty of care to ensure that the client is safe while the problem is addressed. For example, a client with an intravenous drug-use problem may not be able to just ‘stop’ using drugs but can be given referrals to an AOD counsellor and provided with information on how to reduce the risks associated with using drugs such as harm minimisation techniques.

Another example is a client with a housing problem, resulting in the client having nowhere to sleep at night and living on the streets. You may not be able to immediately provide this client with somewhere to live but you could make referrals to shelters or refuges to ensure the client has somewhere safe, and off the streets, to stay at night. Both these examples employ brief intervention to address client safety issues.
3. Providing support
At this stage you can make arrangements with the client as to the type and level of support you (or your service) will provide to address the defined problem. This support could be as little as providing information and referrals, allowing the client to make contact with other services themselves; to going with clients to referrals and accompanying the client as a support worker to appointments relevant to the problem.

4. Examining alternatives
The type and level of support you provide should include a look at alternatives that are available to the client. For example, in the scenario mentioned earlier regarding a housing problem, it may be difficult to access independent housing (through the Department of Housing or private rentals) as the client may have other issues around self-managing their mental illness. You may look at alternatives, such as a residential rehabilitation program where the client receives accommodation along with psycho-education and support until they are able to live independently in the community.

5. Making plans
Once you have looked at the problem, the support required, safety issues and alternatives, you and the client should be ready to make a plan. The plan should detail:

- the defined problem
- a goal or outcome to resolve the problem
- steps to achieve the goal or outcome
- who will be involved at what stage or steps
- a review period
- some strategies for dealing with foreseeable issues, eg what happens to the plan if the client becomes unwell? How do you include the client’s family or carers in the plan? What risk or protective factors do you and the client need to be aware of in relation to the plan?

6. Obtaining commitment
When you and the client have done all the preparation work, it is time to get the plan underway. This involves a commitment from both you (and your service) and the client. This commitment could be a formal one in the form of a written contract between your service and the client. This contract might outline the client’s rights and responsibilities, the service’s rights and responsibilities, and the period of the agreement. Alternatively, you and the client might make an informal commitment to the plan, which could be documented in the plan or in the client’s file.

Read what Rory (below) says about how he uses the change model in his work.

Rory, worker

I use the six-step model a lot.
Throughout each stage of this model, I am determining the client’s readiness to change and the appropriateness of my service.

If the defined problem does not match with the services I provide, then I would refer the client to a service that would meet this need better.

I believe that this is a client-centred approach and I am always encouraging independence and self-management whenever possible.
Section 5. Others who can assist with the response to barriers

Often there are other people in each of our lives who can assist and support us but whom we have never thought of in this light. Many of us have friends that we play sport with or go out with who we could draw on to assist us with breaking down the social barriers in our lives.

Identifying other services
Your role, as a worker, is to sort through the options with your client to let them know what is available. To do this you need a good understanding of the services in your area and should be able to accurately assess the needs of clients. The assessment process should give you a clear picture of the client’s lifestyle so that you can refer them to an appropriate service.

Keep up to date with what is available and what the criteria are for entry to other services. Try to keep track of changes in staffing as well as policy changes that might affect the type of services that an organisation delivers.

Your agency should have a referral source book that lists the agencies and specialists in your area. You should make sure that it is kept up to date as phone numbers and contact details can change frequently.

The Better Service Delivery Program (BSDP) is a program being introduced in NSW to improve information about services that are available; improve the referral process; and improve client service in the human service sector including government and non-government agencies.

Keep in mind that you have a duty of care to keep your clients safe from foreseeable harm. This means that you have an obligation to find out about the services you are referring clients to. You need to know whether they are reputable and whether or not they have adequately trained staff. The best way to check out another service is to make a personal visit. This can be time consuming but is worthwhile as it gives you a much better idea of whether a service is safe and appropriate for your client.

Strategies to engage support for clients
Now that you have identified a number of options for support for the client, how do you go about getting the person or service involved? The approach used to request support is different when asking family and friends than asking other services.

Support from family and friends
In the first instance you should work with the client to make the support they are requesting from their family and friends as specific as possible. For example, instead of the client saying they need someone to drive them to appointments they could say they need someone to drive them to their GP appointment every second Thursday at 1pm.

Making the request for specific support tells the person being asked for support exactly what the boundaries are for that request. This will help them decide if the request is something they can fulfil and lets them know their support is for a specific purpose and that there are boundaries around the request. Most people will respond better to a specific request such as this than to an open-ended request that sounds like they need to be available all the time.

The next step would be to ask the person directly if they are able to provide the support. It is a good idea for you to role-play this scenario with the client so they can practise what they will say and get used to the situation. It would also be beneficial to discuss with the client how they would react to different responses.
For instance, if the person being asked for assistance says yes to the request, how would the client thank them? Being overly appreciative can sometimes make others feel uncomfortable, while being under appreciative can make them feel as though they are being taken advantage of.

At the same time, you need to consider providing the client, in advance, with some coping strategies making them ready for a rejection. The client may want to ask the person why they are declining, without sounding wounded or aggressive. Maybe the person works on Thursdays and just isn’t available to take the client to the GP. If this is the case then the person being asked for support may be able to support the client in another way. On the other hand, maybe the person being asked for support just does not want to get involved in supporting the client. In this case the client will know not to ask them for support in future.

Referring clients to other services
Referral should not be used as a way to deal with clients who are difficult, but as a way to meet the needs of clients. When we are making decisions about referring clients to another service we should consider the option of bringing in a specialist to work with a client with your support.

The role of the client in the referral process
The client should not feel pressured into accepting a referral and should be involved as much as possible in selecting additional or alternative services. To do this, they need to have information about the services that are available. Regardless of the age of your client, they should still be involved in making decisions that affect their lives. For example, older people should be involved in choosing their care options, people with disabilities should have a say in where they live and with whom.

You should always check with a client to see if they have had previous experience with the other agency before you refer them. You should talk to them about what their experience was like and what their expectations are. Remember that the client has the right to not accept the referral.

Supporting your client in the referral process
You may feel that it is sufficient to give a client the name and address of the new service, but in some situations you may need to give your client a little more support. You may need to go with them to their first appointment, organise transport or give them a letter of referral.

Writing referrals
Workers are often required to send reports or letters of referral to other agencies. This information needs to be presented in a way that is:

- clear
- concise
- accurate
- reliable
- presented appropriately.

The benefits of client consultation
Client consultation is an important way to improve a client’s situation and identify supports in their life.

An increase in self-confidence
When initially involved in the mental health system, the client can be quite confused and overwhelmed by the complexities of mental illness.

As clients continue working with mental health services they become familiar with the language, processes and workers, and are able to fully participate in decision making.
Clients gain control over their lives and treatment as they are increasingly consulted. This control fosters a sense of empowerment, which can lead to increased self-confidence. The increase in self-confidence can serve clients well in future dealings with mental health services and with services in general. With self-confidence comes a decrease in feelings of hopelessness and helplessness.

Skills development
Clients who are encouraged to determine their own treatment and support paths will become increasingly more independent in their dealings with services and choices. These skills are not mental health industry-specific but can travel with clients into their dealings with anyone. It is through achieving goals and learning new skills that we all gain a sense of independence. Being alone is a big fear for many people with a mental illness. Increased skills in self-managing finances, work, leisure, supports and services can help a client feel they are independent and capable but not alone.

Improved finances
Client consultation can help save money for clients by alleviating their need for duplicating services and providing them with negotiating skills and advocacy that may result in a reduced or waived fee for service. Service delivery participation can also provide clients with the skills to better manage their finances and ensure they are receiving value for money.

Improved rehabilitation or recovery participation and outcomes
There is a growing recognition that clients have enormous potential to influence their own health outcomes if they are involved actively in shared decision making and are provided with quality information and appropriate self-management tools. There is growing support for the positive effects that shared decision making has on the effectiveness of treatment in the mental health industry.

Mental health service development
When clients participate in services they are contributing to the development of that service. Participation on a service delivery level allows workers and managers to evaluate how well their service meets the needs of the people who access that service and what improvements can be made to service delivery, access, equity and service promotion or expansion.

Clients can also participate in organisational and service development. Participation in surveys, evaluations, research and on committees and boards are some ways in which clients can influence and improve mental health service development.

Participation at both service delivery and service development levels contribute to clients and carers feeling empowered, respected and valued while increasing their sense of empowerment.

Supporting families and carers
There are many things families and carers can do to support the person with the mental illness while looking after themselves and ensuring their own support. As a community worker you may be required to work directly with families and provide some of this support, or you may need to refer families and carers to other services. In either case it is important for families to be given a number of options for support that can address their needs in different ways. Families should also be approached as constantly changing unit. Family needs, and the supports that go with those needs, will change over time. Some of the specific strategies you can use to support families and carers include:

- giving them a voice
- actively listening to their needs
- developing strategies to address specific needs
empathy and understanding
psycho education
referral
Giving them a voice

**Giving them a voice**
It is important the families and carers are given opportunities to talk about how they are feeling, their experiences, what concerns them and their loved one. These opportunities can come in almost any form, from talking with friends over coffee, talking with a counsellor, through support groups, or in casual conversation with workers. While you may be having regular contact with a parent or one specific family member, you should keep in mind the need to provide all family members with the opportunity to have a voice, including children, other relatives and sometimes close friends.

Giving family and friends the opportunity to voice their emotions and concerns can help them uncover strategies within themselves to deal with these concerns. It also shows a level of value and respect to the person. Mental health workers should not assume that families and friends want to take on the role of caring for the person with the mental illness. Sometimes this role is thrust upon family and friends, especially within our society where such roles are expected, and refusing to take on the role can lead to feelings of being judged.

**Active listening**
Active listening involves listening to all aspects of the communication you are having with others. When actively listening to family and friends of someone with a mental illness, you need to pay attention to the words they are using, the tone of voice, any overuse of metaphors and abstract examples, what they are not saying, and the use of body language and eye contact.

Active listening can give you insights into the way a person is feeling, their level of understanding and acceptance of the mental illness, feelings of guilt or shame, experiences of stigma, issues in other relationships within the family or social network, signs of asking for help, and signs of issues that may need to be addressed by a more qualified professional, such as signs of depression or alcohol abuse.

Active listening can contribute to a feeling of being respected for the family member or friend contributing to their ‘voice’ being heard. This in turn can increase levels of confidence and the ability of the person to seek help in times of need.

**Developing strategies**
When working with clients with a mental illness we need to ensure we identify their needs and develop support plans, or strategies, to address those needs. The same approach applies to support for families and friends. Strategies can be as varied as providing written information on the specific mental illness, practicing modes of communication and intervention to be used in the home, providing a referral to a professional or other support service, or merely providing a sympathetic ear.

The type of strategy required will depend on the issues identified and the severity of the issues. For example, while talking with a family member you may identify signs they are suffering from some depression. These signs could include oversleeping, lack of motivation and the inability to think straight. The severity of the symptoms, and their longevity, will determine the type of strategy you use to support them. For initial signs and symptoms of depression you may give them some literature on mental illness and families or suggest they attend a support group. If the symptoms of depression have continued for some time (usually weeks) then you may need to make a referral for the person to a counsellor or psychiatrist.
Some strategies will also be universal while others will apply to specific family situations. Universal strategies include remaining physically and emotionally healthy, ensuring the family has a balance between their own needs and the needs of the person with the mental illness, seeing their doctor regularly, and accessing support. Specific strategies could include referrals for specific services, or developing ways of coping or communicating around particular issues with the person with the mental illness.

When deciding on strategies to support the family or friends you should always remember to include them in the decision making. All your work with clients, families and carers should include an underpinning framework of the client-centred approach, and aim to promote independence and autonomy.

**Psycho education**

Psycho education involves teaching clients and their families about mental illness and mental health issues so that they can effectively self-manage these issues in the future. By developing a greater understanding of our problems we are often better able to recognise warning signs and symptoms and identify sources of treatment and support that are needed.

What we don’t understand can often seem confusing and beyond our control. Having a greater understanding of themselves and their conditions assists clients to become independent and learn to live a functioning life without overwhelming fear or apprehension of when symptoms might recur.

Psycho education helps families and carers learn about mental illness so that they can also recognise warning signs of relapse and be better prepared to support their loved ones.

Psycho education also involves teaching clients and their families about the mental health systems, where to find assistance and how to navigate the confusing array of resources that exist in the community. By having a greater understanding of mental illness and the mental health system, clients and their families can feel empowered and in control, rather than be victims of an illness and system that is thrust upon them.

Psycho education can be used in conjunction with other therapies or as a stand-alone technique for assisting clients.

**Referral procedures**

Referral is an important part of working with clients and their families. As workers it is not possible for us to meet every need our clients might have, so sometimes we need to send clients to another service or bring in a specialist to help. As support workers it may not be our role to support families in the way they need, so referrals may be the only way of ensuring they get appropriate support.

The purpose of referral is to match the needs of the client or family as closely as possible with the services that are available. Referral should not be used as a way of getting rid of ‘difficult’ families, but as a way to meet families’ needs.

Some of the reasons we may refer families to another service include:

- the family member may ask to be referred to another service
- the family member may require detoxification or other specialist service your agency cannot provide, or which is necessary before they begin working with your agency (eg sexual assault issues, drug dependency, physical disabilities, acquired brain injury, medical issues, etc)
- the family member may feel more comfortable working with people with a particular cultural or linguistic background
- we might not have the necessary skills or experience to work with some families
- you may not have been very successful in helping a family
• the family might be moving to another area
• you, the worker, might be leaving your job at the agency.

Keep in mind that you have a duty of care to keep your clients, in this case the family or carer, safe from foreseeable harm. This means you have an obligation to find out about the service you are referring to, whether they are reputable and whether they have adequately trained staff. The best way to check out a service is to make a personal visit. This can be time consuming but can give you a much better idea of whether a service is appropriate for the family, and also helps foster interagency links which can contribute to smoother referral pathways in the future.

You should be familiar with your agency’s policy and procedures regarding referrals, and always abide by confidentiality guidelines.

Positive impact of workers, carers and associated networks

Empowering clients and carers

Client empowerment includes:
• having decision-making power
• having access to information and resources
• having a range of options from which to make choices
• a feeling that the individual can make a difference
• reclaiming one’s story from the ‘case history’
• understanding that people have rights
• effecting change in one’s life and in one’s community
• learning skills that the individual, not necessarily the mental health professional, considers important
• changing others’ perceptions of one’s competency and capacity to act
• feeling confident regarding ‘coming out of the closet’ as someone with a mental illness/psychiatric disability.

Clients and carers may have themselves taken steps towards empowerment such as: setting up and running self help organisations and groups such as We Help Ourselves (WHOS) ARAFMI and GROW; acting as advocates to other clients and carers; being involved in community education programs; participating in community advisory/reference groups; acting as consultants to governments and service providers; and becoming involved in relevant social research.

Client and carer participation

Client participation is more than having individual rights respected by organisations and individual workers involved in mental health clinical and non-clinical service delivery. It also means clients being able to be actively involved in partnerships in treatment decisions and the planning, delivery and evaluation of services with which they are engaged. Most state mental health policy documents stress the importance of client, carer and community involvement in these processes, and client/community advisory groups have been set up in most states to advise Ministers and health departments. However, real participation, as opposed to tokenism, at the local service delivery level has been difficult to achieve, as service providers find the shift in power this would entail challenging, while clients are still overcoming centuries of disempowerment.

An increase in self-confidence

When initially involved in the mental health system, the client and their family can be quite confused and overwhelmed by the complexities of mental illness.

As clients and families continue working with mental health services they become familiar with the language, processes and workers, and are able to more fully participate in decision making. They gain control over their lives and treatment as they are increasingly
consulted. This control fosters a sense of empowerment, which can lead to increased self-confidence. The increase in self-confidence can serve clients and families well in future dealings with mental health services and with services in general. With self-confidence comes a decrease in feelings of hopelessness and helplessness.

**Skills development**
Clients and their families can also gain valuable skills as they gain experience dealing with the mental health system. Clients and carers who are encouraged to determine their own treatment and support paths will become increasingly more independent in their dealings with services and choices. These skills are not mental health industry-specific but can travel with clients and carers into their dealings with anyone. It is through achieving goals and learning new skills that we all gain a sense of independence. Being alone is a big fear for many people with a mental illness. Increased skills in self-managing finances, work, leisure, supports and services can help a client feel they are independent and capable but not alone.

**Improved finances**
Client consultation can help save money for clients and their carers by alleviating their need for duplicating services and providing them with negotiating skills and advocacy that may result in a reduced or waived fee-for-service. Service delivery participation can also provide clients and carers with the skills to better manage their finances and ensure they are receiving value for money.

On an organisational development level, client and carer participation can help services better manage their funding and supplementary finances by ensuring:

- the money is being spent in areas of need
- costs are kept within budget for service delivery and administration
- service delivery is constantly evaluated with a view to ensuring flexibility of service in meeting the changing needs of the organisation’s service recipients and the community.

**Improved rehabilitation or recovery participation and outcomes**
There is a growing recognition that clients have enormous potential to influence their own health outcomes if they are involved actively in shared decision making and are provided with quality information and appropriate self-management tools. There is growing support for the positive effects that shared decision making has on the effectiveness of treatment in the mental health industry.

**Mental health service development**
When clients and carers participate in services they are contributing to the development of that service. Participation on a service delivery level allows workers and managers to evaluate how well their service meets the needs of the people who access that service and what improvements can be made to service delivery, access, equity and service promotion or expansion.

Clients and carers can also participate in organisational and service development. Participation in surveys, evaluations, research and acting on committees and boards are some ways in which clients and carers can influence and improve mental health service development.

Participation at both service delivery and service development levels contribute to clients and carers feeling empowered, respected and valued while increasing their sense of empowerment.

**Barriers to consultation and participation**
There can be many reasons for families being excluded from participating in the care and recovery of a client. These barriers could be physical, relating to the accessibility of
services. This could be in relation to parking, public transport, disability access or child care, for example. The barriers could also be emotional, relating to the fear, anxiety and sadness families can feel when a loved one is diagnosed with a mental illness or they witness a loved one experiencing a psychotic episode. Many people, particularly parents, need to go through a grieving process when a mental illness is initially recognised. They need to grieve for the loss of their dreams for their child. Other barriers could be psychological—families in denial or afraid of the stigma attached to mental illness. Yet again, barriers could be cultural. Some families might not approach mental illness in the same way as we do in our dominant Western culture, or they may have trouble accessing services and information appropriate to their community language and cultural beliefs.

Types of consultation and participation
So how do you ensure the families and carers of the clients you work with are involved in the rehabilitation and care of the client? There are various ways of promoting consultation and participation and they depend on what it is you as the worker want to achieve, what your service wants to achieve, what the client’s goals are and what the carers want out of the relationship.

Consultation and participation can take the form of:

- involvement in the assessment and goal-planning processes with the loved one
- informal conversations
- surveys and questionnaires about the mental health system in general or a specific service or to identify the need for support for families and carers and how a service can meet those needs
- becoming a member of an organisation and exercising the right to vote in board elections, and influence the strategic operations of the organisation
- referrals to counselling, advocacy, etc
- involvement in special projects, such as policy development, research and government forums
- volunteer work
- case conferences
- training and education provided by organisations for carers
- financial assistance with fees, travel expenses, etc.

Models of client participation
The most essential factors in forming strong partnerships between mental health clients and community organisations are cooperation between the two groups and shared decision making.

Community control
This model of client participation has been widely used in community health. Within this model the community takes control of the health service by incorporating the service and electing a board of directors from the local or serviced community. Many community health services in Victoria are based on this model, along with over 100 Aboriginal community-controlled health services (ACCHSs). Women’s health services have also been established under this model, allowing a specific community to identify and establish a service to address specific health needs.

Partnerships
In a situation where community health services are under the control of their communities, their control can be extended by forming partnerships with other providers.

This is an example of how formal partnerships work, by developing a service partnership with another service provider. This is part of the community health structure across Victoria, where community health services, women’s health services, Aboriginal health
services and other health services have been divided into primary care partnerships (PCPs) based on geographical boundaries. While formal partnerships exist within each PCP, there are also formal partnerships across PCPs. Formal partnerships are usually based on a service delivery need, e.g., regular cross-referrals, research projects, health trials or service types (AOD, mental health). In NSW there are many formal partnerships between services, such as membership of the Mental Health Coordinating Council of NSW, partnerships with Area Mental Health Services, hospitals, GPs, psychiatrists, the housing department and so on.

**Community development**

Community development is another common form of client consultation in health services. In this model, workers and services focus part of their energies on helping communities identify needs and going where they are most needed. This helps promote a sense of belonging for both the community and health service, while also encouraging communities to identify needs and form partnerships with other services to address those needs. This model promotes independence and action within communities. This type of model is most successful when the partnership focuses on local issues.

**Information seeking**

This model allows health services to seek information about their needs from the community and provide services and responses appropriately. This also provides an opportunity for the community to provide feedback to the health service about its effectiveness in assisting and addressing community need. Methods for collecting information include questionnaires, surveys, interviews, group discussions, case studies, public meetings, phone inquiries from clients, forums and diaries. Information can also be accessed through regular satisfaction surveys of clients currently accessing services. This is particularly relevant to mental health services where clients can receive services for extended periods or many times over their lifetime. Satisfaction surveys can also be good methods for gaining insight into what the client wants and how your service is helping them get there and the effectiveness of your service in relation to families and carers.

**Client participation in mental health services**

Many consultation models are basically the same across different health settings. All the models listed here can be used equally in mental health, general community health, women’s health, Aboriginal health, AOD services, aged care and childcare.

Individual Service Plans (ISPs) are the most straightforward way for clients to participate in their mental health service delivery. It is a basic right of clients to know what is happening around them, what plans are being made, where they need to go to access services, and who will be supporting them. This is a form of information seeking and consultation. Knowing what your client wants and what your service can deliver can be very informative about your service and client expectations. If your service constantly fails to meet a common need of your clients’, then this is an identified service gap that your service may want to address.

If meeting a client’s need involves referral to another service, your service may want to consider forming a partnership with that service. For example, you work for a psychosocial rehabilitation service and have found many of your clients say they have nothing to do during the day. The nearest day activity centre is reported by your clients as being too difficult to access, needing two buses to get there. Through discussion with the activity service and a local hall, you arrange to jointly run a weekly drop-in. This benefits your clients by giving them something to do during the week (granted, only on one day for a couple of hours), promotes service partnerships between all services involved, gives your clients the opportunity to meet staff and clients from the activity service, which may encourage them to attend the centre on other days, and informs your clients that your service is committed to meeting their needs where possible.
Involvement in ISP development for clients also promotes a sense of independence and control that can be missing from interactions with other people and services. ISP development can also be an opportunity for family and carers to highlight their needs and how your service may be able or unable to support them.

Other models of client participation in mental health include:

- client advocacy
- client representation
- employing client consultants
- client satisfaction surveys
- client groups/forums.

Success for client participation models depends on workers and clients. Clients need to be respected for the experiences and knowledge they have about their own lives and illnesses. ‘The client perspective is lifelong and health focused, whereas the design and structure of … services is episodic, reactive, and illness focused.’ (Shield, 2004). Services need to ensure the appropriateness of client participation and consultation, including the training and knowledge of staff and client consultants, and appropriate support for client consultants.

Policies
The Second National Mental Health Plan outlines the policy directions as agreed upon by the federal and state governments. The three key areas for this policy are promotion, prevention and early intervention; partnerships in service reform; and, quality and effectiveness of service delivery (NSW Department of Health, 2003). Developing from these policy directions is the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health, outlining priority groups and national action plan to address the mental health needs of these groups. Needs are met through promotion of awareness of mental health issues and appropriate services available for treatment and support; prevention of behaviours associated with mental health disorders (such as illicit drug use and suicide); and early intervention to minimise the harm caused by delaying diagnosis and treatment of mental illnesses. Other national documents setting the policy direction for mental health services in Australia include LIFE National Suicide Prevention Strategy and the National Action Plan for Depression.

These policies are supported on a state level by NSW Government policy documents including:

- Caring for Mental Health: A Framework for Mental Health Care in NSW
- NSW Strategy: Making Mental Health Better for Children and Adolescents
- Getting in Early: A framework for early intervention and prevention in mental health for young people in NSW, and
- Suicide: We can all make a difference. NSW Suicide Prevention Strategy.

The NSW Government has developed action plans and strategies aimed at attaining the outcomes of these policy directions. Some strategies include NSW School-Link Initiative, which is aimed at providing education and raising awareness about risky behaviours, the effects of mental health issues on individuals, their families and the community, and service pathways for diagnosis, treatment and support. Also the NSW Parenting Program for Mental Health, aimed at improving parenting skills and providing support to parents with mental illnesses to successfully improve their parenting skills with the knowledge of what effects a mental illness can have on individual family members and the family as a unit.

Client representatives
A client representative is a member of an organisation who has been elected by the clients, or employed by the organisation, to represent the interests of clients on an
organisational level. The client representative usually takes part in decision making and service planning to give the client perspective. Although a client representative is mostly accountable to the employer organisation, they are also accountable to the clients they represent.

Some of the specific elements of the client representative’s role include:

- protecting the interests of clients, service users and potential service users
- presenting how clients may think and feel about certain issues
- contributing client experiences
- ensuring the committee recognises client concerns
- reporting the activities of the committee to clients
- ensuring accountability to clients
- acting as a watchdog on issues affecting clients
- providing information about any relevant issues affecting clients.

Client representatives should not be required or expected to have expertise in all areas of service provided by the organisation. The client representative provides client perspectives on an issue. Most clients are not experts in specific service delivery or mental health service systems, yet they do have a legitimate interest and perspective in areas affecting their lives. Client representatives should not be expected to undertake client consultations beyond what is required to inform their own input to the organisation. If wider client consultation is required, the client representative can advise the organisation on how this might be achieved. Further they are not expected to speak for the organisation. The client representative represents clients, not the organisation. In some circumstances, as with all employees, a client representative may be asked by the organisation to represent it at a forum or conference. These occasions would be negotiated with the client representative on an individual basis.

Family-friendly practice

It will depend on the type of service your agency offers as to how family friendly you need to be. For example, a five-bed residential facility for young men aged 17–25 may not need to provide facilities such as a baby change room, playground for little children or colouring books and pencils to be family friendly. This service would need to look at the types of families visiting the service. Due to the age of the men, it may be that most clients have involvement with adult families or parents when at the service.

There are some simple ways you can help make your service family friendly. You can work out what is appropriate for your service by asking some simple questions.

Family relationships

It is important to facilitate cooperative relationships between:

- the client and his or her family—this can help increase protective factors and decrease risk factors through a sense of connecting and support. This can also assist the family to retain or create strong links as a unit.
- the client and individual members of her or his family—this can also help with increasing protective factors and decreasing risk factors, as well as helping individual members of the client’s family to better understand her or him and the mental illness. This can lead to an individual member feeling more involved and respected in relation to the role they can take on in their loved one’s recovery.
- the family and your service—this can help with care and discharge planning, resolving issues or conflicts, a better understanding of what your service does, promotion of your service to the community and upholding the reputation of your service. This can also help the family feel involved and respected by your service as a whole.
• the client and your service—this is obviously an important relationship to build positively and maintain, as it directly influences the client’s recovery. This relationship can also help the client come to terms with his or her mental illness and develop an understanding of what his or her family is experiencing.

• your service and other mental health-specific and generalist health and welfare services—this can help families access services appropriate to their needs, provide a positive community perception of your service and uphold the service’s reputation.

Networking

What is a network?

According to the Collins Dictionary, a definition of network includes, ‘a group of people who cooperate with each other; an arrangement of intersecting lines’. This definition is very relevant as it implies people working closely together and with some crossover or connection in their purpose.

For example, in the youth area, workers from services working with young people often meet together on a regular basis to share information about recent service developments affecting young people and to lobby for improvements to services. This may include youth health services, recreation service workers, youth accommodation support workers, youth counsellors and employment support workers.

The importance of networking

Good networking results in putting clients in touch with the resources in their community and involves working closely with other workers to ensure that the needs of clients are being met.

Imagine if you had just arrived in a new area, you may be recently separated from your partner and have small children. You know nobody in the area and know nothing about what services are available. How would you find out? How would you know which services are the most relevant for you to know about and how to access them?

You might rely on the first worker you get in touch with to provide you with this information and help you access the services you need.

Read Guillermo’s views on networking.

| Networking also involves finding out exactly what you need to know in order to assist your clients. |
| If you have a client who needs to be linked with services, you are able to use your networks to make sure that they receive the information and services they need. |
| I think that this is a critical role for a community services worker to play in someone’s life. |

Role of advocates and advocacy services

Sometimes a concern or a complaint cannot be managed at the service level, and the client, family member or carer will need to be referred to an outside agency. The client may need some particular attention and maybe specialist advocacy advice. For instance, a client may be involved in a complex domestic violence situation where they require an advocate with sound knowledge of domestic violence legislation and the options available to that client. Clients with disabilities may require an independent advocate due to difficulties in communication and conflicting wishes by a number of family members. Remember, clients may not always be aware of their rights in the first place.

Examples of advocacy services include:
• The Intellectual Disabilities Rights Service—an agency set up to make sure that the rights and responsibilities of people with an intellectual disability are upheld located at 128 Chalmers Street, Surry Hills 2010, ph (02) 9318 0144
• Citizen Advocacy NSW—recruits and supports citizen advocates (volunteers) to support people with intellectual disabilities in need of advocacy located at Bondi Junction, ph (02) 9369 2411
• Domestic Violence Advocacy Service—a free and confidential advocacy service for women experiencing domestic violence
• The Law Society of NSW—free legal advice about a wide range of legal advocacy issues ph (02) 93737300.

As an effective worker in the CSI, you need to network regularly with advocacy services that focus on the target group you work with so that you are aware of recent developments in the area, such as changes to legislation and can refer a client to another service or agency, if necessary. For a wide range of specialist advocacy services across a broad range of target groups, access the internet and type Advocacy Services NSW into the search engine.

When you make a referral of a client to an advocacy (or any other) service, you need to keep in mind the following:

• be clear about what service is offered by the agency you are referring to and who is eligible to receive the service
• obtain written information on the service to give the client, including an outline of the services offered, contact details, the name of a worker and instructions on how to make contact with the service, eg a telephone appointment or present at the desk, a map or information on transport to the service can be useful
• obtain the client’s informed consent to refer them to another service; this means being very clear about what is involved in the referral, such as what personal information you will need to share and what will be expected of the client, providing written information about the service will help
• ascertain how confident the client is in accessing a new service. Would they like you to phone and make an appointment for them? Does that mean the referral is more likely to happen?
• follow up any referrals made—a quick check as to its suitability not only shows your concern but also increases your knowledge of appropriate local services and how they deal with your referrals.

To make sure you are familiar with other services in your area, you should visit the services you make referrals to, make personal contact with the workers and invite them to visit you. Where time is tight, attending local gatherings of community workers, for example inter-agency meetings or training are quick ways of keeping knowledge and contact current.

Summary

Remember, it is important to develop and implement a collaborative recovery plan that takes into account the strengths, goals and aspirations of the client as well as the resources, skills and capacity of the agency to be able to provide for them. The implementation strategies utilised should be undertaken in accordance to generally acceptable industry best-practice standards and in full compliance to any regulatory and legislative framework governing and underpinning the community services industry.

Then worker/agency and client should endeavour to evaluate and review the continuing progress and attainment of the mutually-agreed upon recovery goals, with a view of aiming for early identification and rectification of any goal non-compliance issues that may have arisen. The worker should always endeavour to work within the framework of their
agency’s policies and procedures as well as notify their immediate supervisor of any issues of concern that may arise in the course of their role with the client.
Part 3: Review and monitor services provided by other organisations and programs

Section 6. Review and monitor services provided by other organisations and programs

Introduction
Evaluation is an important part of our work with clients. Evaluation is the way we find out how well we have accomplished what we set out to do, and a way to keep track of how clients are progressing. Evaluation is about measuring the effectiveness of the services we provide. This topic explores the processes of evaluation and provides the opportunity to develop evaluation skills.

Review outcomes
Our main purpose in working with clients is to help them define and address their needs, and evaluation is part of this process. Evaluation asks questions about outcomes.

Some of these questions include:

- What were the goals for the client?
- Did they achieve their goals?
- How effective was the particular intervention that was chosen? What was the outcome?

We might also want to evaluate the skills used in our own practice so that we can keep track of how well we are doing what we set out to do. Outcome evaluation involves reviewing the effectiveness, efficiency and appropriateness of a program, project or care plan, or other intervention. It measures outcomes against objectives.

When should we evaluate?
You can see from the list that evaluation helps us to recognise and use our resources in the most effective way. It makes us accountable for the actions we take and the decisions we make.

Evaluation should happen during, as well as after, our work with clients so that we can adjust our responses appropriately. For example, if a client is not progressing as well as we expected, then we need to talk to them about why they aren’t progressing and possibly make changes to their care plan.

Evaluation should be proactive. In other words, if we track what is happening for a client, we can respond before a situation deteriorates.

Evaluation should be ongoing and should have a clear purpose. So before you start to work with a client you should have processes in place to track their progress and have a clear idea of exactly what you want to evaluate. This type of evaluation could be classified as ‘progress evaluation’.

Keep in mind that the client has a major role in deciding what their goals are. Also remember that the outcomes should be evaluated against the client’s goals and not what you had planned for them. You need to keep in mind that clients can adjust their goals depending on where they are in terms of their decision-making. For example, a client may say that they want to reduce their alcohol consumption when you first meet with them. On their next visit, they may say that they want to give up alcohol altogether. When you evaluate their progress, your evaluation needs to be in line with the changes in their thinking. Changes in direction or goals need to be recorded in the client’s case notes.
Monitoring effectiveness

Evaluation is the process of measuring the effectiveness of outcomes against agreed goals, relevant services and programs and client and stakeholder satisfaction. Evaluation is an important part of any intervention and is crucial in helping a client identify whether change has been achieved in various areas of their life. It is a process of asking and answering questions about whether the process has been worthwhile and if clients have successfully achieved their goals. It can be informal (part of the day to day contact with the client) or formal.

The evaluation process

To be effective evaluation should be:

- purposeful — (you should know what you are evaluating and why)
- proactive — (you should be able to anticipate when changes are required before a situation becomes critical)
- ongoing — (you should not just evaluate at the end of a case management plan)
- suited to the client and the level of information required
- suited to the ability of the client
- cost effective
- well timed (don’t evaluate unnecessarily or too often)
- matched against goals that the client has agreed to
- takes into account changes in direction or changes in goals.

Always keep in mind that the outcomes should be evaluated against the client’s goals and not what we had planned for them. Clients often adjust their goals depending on where they are in terms of their decision making. We evaluate client progress in line with the changes in client thinking, behaviours and actions.

There are several questions that need to be asked and answered to gauge how effective the case management process actually is. These include:

- How effective is the case management model in terms of outcomes?
- How competent is the case manager in working with the client?
- How committed is the client to the case management process?
- Are the model and the intervention process cost-effective?

Principles of good practice in monitoring and evaluation

- Each client is provided with opportunities for ongoing assessment and reassessment of their needs.
- Each client is provided with the opportunity for monitoring and evaluating their case management plan.
- When monitoring we need to pay attention to the process and the outcomes.
- Client case management plans are updated to reflect changes.
- Clients are actively involved in the monitoring and evaluation process and encouraged to make suggestions and raise any concerns they may have.

Monitoring the effectiveness of service delivery

As in all aspects of service delivery in the community services industry the resources given out to services should be continually reviewed to ensure they are relevant, appropriate and effective. Evaluation helps us to recognise and use resources in the most effective and efficient way possible. It makes us accountable for the actions we take and the decisions we make. There is no point in seeking and receiving feedback about how we can improve services if we are not going to use this information to actually redevelop our resources or change the way we provide services. We need to make sure there is a process in place
where feedback is reviewed by staff and management and suggested changes are
implemented.

Monitoring the effectiveness of service delivery allows us to:

- determine the effectiveness of the services we provide
- see whether a particular intervention was appropriate for the client
- minimise the effects of an intervention that is inappropriate
- bring about improvements in the services we deliver
- respond to controversy or criticism
- provide information to management and funding bodies
- enable planning for the future about the types of services that we provide
- draw conclusions about what works best for clients
- review and reflect on the skills and strategies we use as case managers.

**Skills and strategies to evaluate a client’s progress**

Ongoing monitoring and revision of case management plans and timeframes is essential in
helping the client set achievable goals that increase confidence, self-determination and
motivation for further change. Many of the skills and strategies used in interventions are
utilised in the evaluation process, as listed below:

- Engaging the client and involving them as the centrepiece of the evaluation
  process.
- Contracting at the beginning of the intervention that an evaluation will take place
  and identifying how it will be undertaken.
- Negotiating the revision of case management plans and goals in collaboration
  with the client.
- Disengagement and confirmation of how follow-up contact is to take place, eg by
  telephone or mail and who will contact the client.
- Discussing issues of confidentiality involved with the evaluation process.
- Clear and concise record keeping and documentation of intervention processes.
- Liaison with others such as individuals, professionals or services involved in the
  intervention process.

**Evaluation tools**

When we measure outcomes against a set of objectives this is usually known as outcome
evaluation. When we are reviewing or tracking how a client is going this is called ‘progress
evaluation’. However, we might also want to obtain information relating to how people
felt during the process of undertaking a new program, or just how it feels to be a client of
our service. This is usually called ‘process evaluation’ and includes things like customer
feedback, for example. Process evaluation asks particular kinds of questions about the
experiences of our clients, as they engage with us as workers and with our agency
generally.

There are a number of ways to evaluate client case management outcomes, progress and
process. When we are reviewing or tracking how a client is going, this is called progress
evaluation. However, we might also want to obtain information relating to how people felt
during the case management process or just how it feels to be a client of our service. This
is usually called process evaluation and includes client feedback. There are a number of
evaluation tools that can be used and careful consideration is required to ensure we use
the right tool at the right time. Evaluation tools need to be easy to use so it is important to
keep in mind that some clients/groups may have difficulty reading or writing, or may find
formal evaluation a bit confronting. They also need to be cost effective, not too time
consuming to administer, and easy to interpret.

Some of the evaluation tools we can use include:
• case conferences
• case notes and records
• comments from clients
• diaries and log books
• feedback forms
• focus groups
• informal discussions
• interviewing
• observations
• progress notes
• questionnaires
• reports from other services
• surveys.

Assess the need for changes in recovery plans

Case management plans are evaluated to monitor achievements and explore any barriers that might emerge in the achievement of negotiated goals and outcomes. Case management plans are adjusted regularly to fit with changing priorities and goals.

Some considerations that assist with the evaluation process include:

• Has the identified problem changed or what is different?
• Were the desired outcomes achieved?
• What was not achieved?
• What were the barriers that prevented goals being achieved?
• Assessing the need for change

Ongoing monitoring and evaluation of client case management plans and timeframes is essential in helping the client achieve their desired goals. The client is centrally involved in the evaluation process as the case manager will not be the only person who helps the client in goal achievement. Some clients may be able to continue independently to work towards achieving their goals; other clients may be ambivalent and indecisive. The key role for the case manager at this point will be to assess just how often the client needs to be contacted or seen, with regard to the progression of the case management plan.

A goal that is agreed to in the client case management plan may change or need to be revised over time. The client’s progress will be influenced by many factors and therefore the case management process needs to be flexible. Services have policies regarding time limits for case management and clients should be aware of these timeframes having discussed this in their initial sessions. In addition, some clients may become too dependent on the case management process and be reluctant to move forward.

The process of change

Change is a normal part of growth and development. Change occurs when a goal or skill is achieved, when a particular behaviour is changed or when activities finish and new ones begin. Change can be predicted but change can also be unexpected. Monitoring and evaluating a client’s progress will identify expected changes as they occur and also help to identify unexpected changes. The important factor of identifying changing is the ability to support a client in meeting their changing needs.

Some basic human needs will never change, such as the need for a safe, stable and appropriate home environment, nutritious diet with variety and choice, appropriate clothing and the means to purchase a range of other services. However, variations can occur within these basic needs that may require a modification of individual case management plans or daily routines.
Changes in client need may come under a number of areas including:

- Health requirements — there are a range of health checks that need to be maintained on a regular basis and the case manager needs to be alert to changing health needs.
- Dietary requirements — it is important to monitor a client’s diet to ensure that they are meeting their nutritional needs.
- Work commitments — changes and changing needs at work will need to be monitored for their impact on the client, their family and their significant others.
- Recreational activities — some recreational activities are seasonal and need to be monitored and possible alternatives identified when they end.
- Domestic duties — monitoring ensures the necessary domestic duties are being undertaken to the required standard, work load is shared equally (where applicable) and the necessary resources are available to undertake these duties.
- Social relationships — monitoring for changes in relationships as some may move towards greater intimacy and others may deteriorate.
- Learning new skills — the process of learning a new skill can present many challenges and changes. Sometimes while learning a new skill, some older, established skills can slip temporarily.

**Negotiate with relevant parties any proposed changes**

Negotiation is a formal problem-solving process in which two or more people voluntarily come together to discuss and clarify differences in an attempt to reach a joint decision on their common concerns. Negotiation is one of the most common approaches used to make decisions and manage disputes. It is also the major building block for many other alternative dispute resolution procedures.

**Guidelines for reviewing outcomes**

**Work collaboratively with person to determine outcomes of services provided or activities undertaken**

It is important that the worker works collaboratively with the client throughout the course of the implementation of the recovery plan to ascertain the continuing effectiveness and success (or otherwise) of the identified goals and outcomes, and how the services, activities and resources being provided are helping the client to meet these outcomes. The worker should ensure that there are regular case/care conferences and meetings with the client and that comprehensive review and assessments of the current status of the client is undertaken.

Most agencies have identified policies and procedures in place which identify the need to undertake and conduct regular reviews of the efficacy of the services and activities provided to the client to help the worker and agency to determine whether they are effective in meeting the needs and requirements of the client. Such reviews must necessarily involve the client in a collaborative-framework to help the worker and client determine whether how effective the current activities and interventions have been in helping the client to reach their goals.

Following a thorough review, (within an appropriate time-frame) should a ‘gap’ be identified between the client’s requirements and the services/activities being provided by the agency, then the worker and client will have to develop and implement an alternative plan-of-action. This may involve a minor adjustment on behalf of both parties, or it may require the services and resources of another agency, necessitating a referral. It is important therefore, that such an assessment is undertaken on a regular basis, throughout the course of the recovery plan. A plan which does not meet the needs and requirements of the client is no plan at all!
Collaboratively identify indicators of progress toward goals identified in recovery plan

Throughout the course of the recovery plan, it is important that both the client and agency worker (within a collaborative framework) identify mutually-agreed upon verifiable indicators of progress towards identified goals in a recovery plan. It is important that such indicators or ‘road signs’ have been developed, agreed-upon and implemented by both the worker and client. Not only will this ensure ‘ownership’ of such indicators by the client, (resulting in a greater chance of success) but they will be easier to assess and monitor.

Such indicators may be deemed small in the early stages and may require regular review and assessment at an increased regularity to encourage support and enhance the rapport-building relationship between the agency, worker and client. These indicators on the road to a successful outcome should be regularly reviewed and assessed against benchmarks and/or standards that have been collaboratively and mutually agreed upon by both worker and client upon the commencement of the implementation process. It is important therefore that both the worker and client have a clearly developed understanding and awareness of what these indicators are, how they are measured and assessed against the agreed-upon outcome, and where a readjustment of the identified goal(s) may need to be undertaken.

Identify and discuss any new or ongoing difficulties and concerns of the person

The worker should continue to develop and encourage an effective rapport and professional relationship with the client which, over a period of time, allows the client to relate any and all areas of concern to the worker. This will allow both client and worker to immediately identify and discuss any newly identified or on-going difficulties and concerns of the client, and help to develop and implement and alternate strategy to manage such concerns and issues.

Such difficulties may seem overwhelming to the client at the time, however. It’s important therefore that the worker encourages and enables the client to freely and thoroughly identify any concerns or issues which the client views as being of importance to them. The solution may be immediately identified or implemented, or it may require the additional services, resources and/or expertise of other workers within the agency and perhaps, from another agency. The worker should then endeavour to collectively assist the client to develop an alternate ‘plan of action’.

It is important therefore, that such reviews are conducted regularly and undertaken in a comprehensive manner, and in collaboration with the client. Community service agencies normally have policies and procedures in place which provide for a clear ‘pathway’ for the development and implementation of a client-centred recovery plan.

Identify and discuss with person potential changes to the services provided or referral options

Once any difficulties or issues have been identified, it is important for both the client and worker to determine the best way to proceed. Utilising a collaborative, client-centred approach the worker should endeavour to work with the client to identify a range of viable options that may be implemented utilising the resources and expertise of the current agency. This may involve simple adjustments on the current plan, or it may necessarily involve a complete re-adjustment of the current recovery plan. Throughout the process, the client should always remain the main focus of the recovery plan, and the worker should endeavour to include the client throughout all aspects of the plan; its development, implementation and review phases.

Where potential changes to the recovery plan are required, the worker should endeavour to educate and fully inform the client of the available and potential changes to services that can be provided. Community service agencies can often be limited by resources to
provide a wide-ranging service portfolio for all clients. They often have to limit their services to those most in need of their services, which fit the agency acceptance criteria and profile. More often than not, there are greater demands on the community services agency than can be provided.

Where there needs to be a change to the services provided to the client, most agencies will endeavour to work collaboratively with the client to provide an appropriately resourced service to the client. Where the needs of the client are no longer able to be met by the current agency, the worker will have to work together with the client to refer them to a more appropriate service.

**As a worker, when are you likely to refer clients?**

The needs of clients are often quite diverse and can be complex, depending on their situations. Needs can also change depending on the client’s changing circumstances. No single service or worker can (or should) meet all the needs of a client. The more services that are available the better, so that clients can exercise choice in how their needs are met.

Referrals may occur in the following situations:

- Your service does not have the responsibility of providing the service a client may require (for example, your client requires full-time childcare so they can go to work and your service only provides occasional care (up to three hours per day).
- The client does not meet your service’s eligibility criteria (for example, the client may live out of the area or be in the wrong age group).
- Your service does not have the resources to assist the client (for example, the client requires crisis accommodation and your service is full).
- Your client is moving out of the area and needs to be linked with services in their new area.
- Your service does not have the specialist knowledge and skills to assist the client effectively. Specialist knowledge and skills that a client may need or require include:
  - legal advice
  - counselling or therapy for a specific issue, such as sexual abuse or alcohol and other drug misuse
  - mental health diagnosis, assessment and support
  - drug and alcohol problem diagnosis, assessment and support
  - job-seeking support
  - specific intervention in relation to a disability, such as cerebral palsy.

As a professional worker, you need to be very clear about limitations—your limitations as well as those of your service. You need to have a good grasp of the needs you are able to meet, in line with your skills and experience and your organisation’s guidelines about what your service does provide and what is outside those guidelines. The clearer everyone is, the more likely clients will be referred appropriately and receive the most skilled help that they deserve.

Sometimes it will be appropriate to accompany the client to the first appointment with another agency. This may be because the client is apprehensive, requires you to advocate on their behalf or they may need some practical support, such as transport or help with their children.
Checking availability and accessibility of services

An essential CSI worker task is to compile a directory of information about all of the services relevant to the target group you are working with. Information about each service would need to include:

- name and address of the service
- contact details for relevant staff
- a comment on what the service provides
- who it is for (target group)
- the process for referring a client to the service.

Of course, to be useful, this information needs to be regularly reviewed and updated. It is no good referring people to a service that no longer exists or to workers who have left the job! Many agencies now keep their service directory on a computer database, which makes the process of updating the information much easier.

Accessibility of other services

The other issue to consider with regard to other services is how accessible they are for your clients. The concept of access is primarily concerned with ensuring that, no matter what their circumstances, abilities or background, all people are able to find out about and use services in the community. So when we think about referring a client to a service, it is not just about whether a service exists or not, it is also about whether it is appropriate for the client.

For instance, a respite care service for children with a disability may provide a service in a geographical area with a significant population of people from diverse cultural backgrounds, but have primarily English-speaking families accessing the service. This may be because the service doesn’t promote cultural diversity or take into consideration the specific needs of the families in the area. You may consider that your Turkish-speaking client is going to feel very uncomfortable if no one else from their culture is involved with the service. To provide a more comprehensive and accessible service they may employ people from specific cultural backgrounds, produce pamphlets in a variety of languages, and involve the families themselves or representatives of their communities in planning to ensure that the service is accessible to them.

What are some other ways that a service may not be accessible to a target group?

The following are examples of how a service may be accessible ‘on the surface’ and meet some needs but not really be accessible for the target group or be able to meet all potential needs of clients:

- A recreation service for young people may be located nowhere near public transport.
- A public library may have no ramp access (for people in wheelchairs).
- A support service for families of young children may close every school holidays, when the families most need it.
- A crisis drug and alcohol service may have no one answering the phone and people seeking help have to leave a message on an answering machine people in distress often don’t feel comfortable to doing this.
- A meals on wheels service may provide 3-course baked dinners to all frail aged people and people with a disability, regardless of their cultural background, dietary requirements and preferences.
- A childcare service is not a high quality service, with staff inadequately trained, high turnover of staff and very little programming of a variety of age-appropriate activities for the children.
• A service may be too ‘middle class’, for instance, they run programs that are not appropriate to the needs of an economically diverse target group of women with children. An inappropriate program for people who rental and do not have mortgages would be one on how to pay off your mortgage faster.

You need to consider access when referring clients to services in the community and, if necessary, advocate to the service to ensure that it is accessible; otherwise that valuable resource may only be available for a select few in the community rather than everyone who is entitled to receive it.

**Adjust recovery plan and service delivery to strengthen achievements towards recovery goals**

If the client has identified any areas of concern about the current recovery plan and both the worker and client have been able to work towards the development and implementation of an alternate or reviewed recovery plan, goal or strategy to continue to work within the current agency, it’s important for the worker to provide and offer continuing support to the client to achieve these now revised goals and outcomes.

These may involve simple strategies such as increased client-worker/agency review or meetings, or the inclusion of the client in agency-based parenting classes where the client has recently become a parent. It remains vitally important that the client is continually encouraged to achieve these up-dated goals and that review continue to be undertaken an appropriate intervals to continue to assess their usefulness and viability to both the client and agency.

**Summary**

It remains vitally important to both the client and worker to continually monitor, review and assess the progress and outcomes of the recovery being implemented to determine the effectiveness of the services and resources being provided to the client. Regular plan reviews and assessment should be conducted regularly throughout the recovery plan, (per agency protocols) and any ‘gaps’ in service delivery, or any concerns or difficulties raised by the client should be identified.

Having identified any concerns or ‘gaps’ to service-delivery effectively, the worker and client should endeavor to readjust the recovery plan to take into account such issues and concerns, and endeavor to implement strategies to best meet these now changing needs, within the current capacity and ability of the agency to do so. Should the agency be unable to meet these different needs, the client may need to be referred to another service or agency, per the normal agency policies and procedures for referral of clients.