

[insert organisation name/logo]

Family & Carers Policy

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Lead Author: [name and position]

Approved by: [insert organisation name] Board of Directors on [date]

Scheduled Review Date: [date]

Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

Triggers for Policy Review (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Standard review is timetabled. | <input type="checkbox"/> Internal / organisational factors |
| <input type="checkbox"/> A gap has been identified | <input type="checkbox"/> A stakeholder has identified a need, eg by email, telephone etc |
| <input type="checkbox"/> Additional knowledge or information has become available to supplement the policy. | <input type="checkbox"/> A serious or critical incident has occurred, requiring an urgent review. |
| <input type="checkbox"/> External factors | <input type="checkbox"/> Need for consistency in service delivery across programs and organisations. |
| <input type="checkbox"/> Policy is no longer relevant/current due to changes in external operating environment. | <input type="checkbox"/> Separate, stand-alone policy is now warranted |
| <input type="checkbox"/> There are changes to laws, regulations, terminology and/or government policy. | <input type="checkbox"/> A near miss has occurred, requiring a review to prevent a serious/critical incident in the future |
| <input type="checkbox"/> Changes to funding environment, including requirements of funding bod(y)ies | |
| <input type="checkbox"/> Other (please specify). | |

Additional Comments

[for example, policy now covers details related to new legislation].

Family and Carers Policy

1. Purpose and Scope

The purpose of this policy is to provide guidance in providing meaningful support and appropriate referrals for family, as well as family and carer involvement and participation in the planning, treatment, care and support of consumers.

This policy does not provide detailed guidance on:

- Child protection matters – Refer to the Abuse & Neglect Policy.
- Intake and assessment – Refer to Service Entry Policy.
- Privacy and confidentiality – Refer to the Privacy and Confidentiality Policy.
- Decision making – Refer to Informed Decision Making Policy.

2. Definitions

Carer¹: in this policy, a carer is a person who provides personal support and assistance to another person who needs it because that person is experiencing mental illness.

A person is not a carer in respect of care, support and assistance he or she provides:

- under a contract of service or a contract for the provision of services; or
- in the course of doing voluntary work for a charitable, welfare or community organisation; or
- as part of the requirements of a course of education or training.

A person is not a carer merely because he or she:

- is the spouse, de facto partner, parent, child or other relative of a consumer, or is the guardian of a consumer; or
- lives with a consumer who requires care.

The primary carer is the carer who takes most responsibility for providing care.

Family: For the purpose of this policy family is defined as immediate and extended family, including the spouse or de facto partner.

Informed decision making is when a person with decision-making capacity makes a decision after gathering and considering relevant facts.

3. Principles

¹ From the Carer Recognition Act 2010

[insert organisation name]

- respects and honours the relationship between family and consumers
- respects the valued role of family
- respects carer and family rights, choices and opportunities to enjoy optimum health, social, spiritual and economic well-being and to participate in family, social and community life, employment and education
- recognises the challenges families face in balancing their caring role with other roles and their own needs, and support for them to achieve that balance
- acknowledges that carer wellbeing is important to the service provider and to consumer recovery

Families and carers have needs specific to their own circumstances, separate from the person on their recovery journey.

Involvement of families and carers in planning and support for people experiencing mental illness is promoted, encouraged and actively facilitated, particularly when the person experiencing mental illness has limited decision making capacity and at the same time decisions around their treatment, care and support must be made.

Working in an open, respectful and collaborative fashion with families, carers and consumers promotes and enhances recovery.

The impact of mental health problems may be similar to major trauma in the sense that trauma puts extreme pressure on consumers and family, and on their relationships with each other. The effect on family is often hidden and not acknowledged. Families and carers, if involved in day to day support, will usually provide the most significant support available to people experiencing mental illness and are likely to have intimate knowledge of the person's history and symptoms.

Families, carers, consumers, and workers usually do the best they can given their situation, history and personal style.

4. Outcomes

[insert organisation name] provides an environment for consumers, families and carers that values the contribution of the person and their support network in planning, support, transition and exit from the service.

Systems are in place to identify key people who can support the person during support and after the person leaves the service.

Staff have skills and knowledge to refer families and carers to appropriate providers if the service is unable to provide support.

[insert organisation name] develops and maintains partnerships with local family support services to provide appropriate referrals.

5. Functions and Delegations

Position	Delegation/Task
Board of Directors	Endorse Family and Carers Policy.
Management	Compliance with Family and Carers Policy.
Staff	Compliance with Family and Carers Policy. Develop and maintain partnerships with family support services.

6. Risk Management

The impact of supporting is crucial; positive supports promote mental health, but if the supporting relationship breaks down and no similar help is available, the person with mental illness may be more vulnerable to overwhelming stressors, and - potentially - to hospital admission.

[insert organisation name] is committed to protecting the confidentiality of consumers it supports and ensures that expectations consumers, carers, and the organisation, regarding sharing of information, are made clear at the outset. Any involvement with carers adheres to the Privacy and Confidentiality Policy.

[insert organisation name] has an obligation to the safety of consumers, their families and carers. Systems are in place to ensure staff identify when it is not appropriate to have family members involved in the support process and to refer them to an appropriate provider.

Systems are in place to identify when consumers pose a significant risk of harm to their families and carers, and strategies are in place to address such risks, including identifying what information will need to be shared in order to minimise these risks.

Child protection concerns are managed in accordance with the Abuse & Neglect policy.

7. Policy Implementation

All staff members are aware of, and have an understanding of, the importance of family and carers in personal recovery.

This policy is developed in consultation with all staff and approved by the Board of Directors. All staff, students and volunteers are aware of and adhere to the Family and Carers Policy, and contribute to any review of the policy based on its applicability to practice.

This policy will be reviewed in line with **[insert organisation name]**'s quality improvement system and the review of associated policies.

8. Policy Detail

[insert organisation name]:

- recognises the lived experience of carers and supports their personal resourcefulness, individuality, strengths and abilities.
- encourages and supports the self-determination and autonomy of consumers, as far as possible, while at the same time fulfilling its duty of care obligations.
- provides education that enables appropriate family and carer participation in goal setting (with consumer consent), treatment, support and recovery planning, including the development of advance directives.
- supports and promotes opportunities to enhance consumers' positive social connections with carers, family, friends and their valued community
- provides access for consumers and their families and carers to a range of carer-inclusive approaches to service delivery and support.

8.1 Identifying and engaging with carers

[insert organisation name] will not wait until a person is acutely unwell before asking them to nominate preferred carers, but will have processes in place to enable staff to identify carers:

- before, or as soon as possible after, support starts; this is recorded and easily found in the personal file.
- in the development of relapse prevention plans.

Information regarding identified carers is accurately recorded in the person's individual file and is reviewed [**eg monthly, quarterly**].

[insert organisation name] implements and maintains ongoing engagement with carers as partners in assessment, planning, delivery of support and exit planning.

In circumstances where a person decides not to nominate their carer(s), the **[insert position]** may none-the-less deal with any carers who demonstrate that they are in fact appropriately involved in supporting the person (as outlined in section 72 of the Mental Health Act 2007) to the extent that this support is required for the welfare of the person concerned. This decision is revisited with the person regularly during the period of support.

[insert organisation name] will not give force to nominations of “carers” who are:

- unnamed strangers or
- persons not well known to the consumer or
- of people who lack the capacity to augment the decision making capacities of the consumer when it is clear such nominations are being made simply to prevent the appropriate carers (who in fact usually and appropriately provide support) from being provided with appropriate information to support their caring role.

8.2 Maintaining links with family and friends

All staff support and encourage consumers to maintain contact and involvement with their family, friends, advocates and guardians.

Staff assist consumers to develop skills to maintain contact, and/or to reconnect, with family and friends.

[insert organisation name] minimises any impediments to contact between, and imposes no unreasonable restrictions on appropriate contact with, consumers and their family, friends, advocates and/or guardians.

[insert organisation name] makes use of interpreters and employs bi-lingual staff where appropriate.

[insert organisation name] obtains information about religious and/or cultural events and holidays relevant to the consumer to facilitate their involvement.

[insert organisation name] identifies those consumers without family, friends or advocates and, in consultation with them and, where appropriate, links them with an advocacy service - see [Advocacy Policy](#).

If a residential service:

[insert organisation name] enables flexible visiting times, quiet space for meeting with visitors, and access to a means of contacting carers and friends.

Staff assist consumers to phone their families and to observe important family events.

8.2.1 Limited Contact with Family

Staff respect the informed decision of consumers not to maintain contact with their family, friends or advocates.

8.2.2 Conflict with Family

Where there is conflict between a consumer and their family, the rights and well-being of the consumer are ensured.

If the consumer does not accept their illness or otherwise seeks to frustrate their treatment by unreasonably excluding their family and/or carers from having access to the minimum information, this is not consistent with the rights or wellbeing of the consumer.

[insert organisation name] will only support the consumer's decision to exclude family and/or carers from having access to information after a consideration of:

- the consumer's (and/or substitute decision-maker's) expressed wishes
- the consumer's decision-making capacity
- **[insert organisation name]'s** duty of care obligations,
- rights of carers under the Carer Recognition Act and the Mental Health Act.

If family or carers take action which is perceived by the organisation not to be in the best interest of the consumer, **[insert organisation name]** will:

- Seek to identify more appropriate supports in the community for the consumer
- **[insert steps the organisation takes]**

8.3 Single point of contact

The single point of contact refers to consumers' and carers' contact with **[insert organisation name]**. As most carers are parents or otherwise share caring responsibilities, consumers will not be limited to nominating only one carer if this is not reflective of the people actually providing support to them in their recovery.

[insert organisation name] ensures that the **[insert position]**, who is responsible for supporting the consumer to coordinate recovery support:

- is able to be identified by the consumer and their carer(s)
- is available to the consumer and their carer(s)
- facilitates coordinated and integrated services throughout all stages of support.
- informs the consumer and their carer(s) about any changes to the type of support provided to the consumer by **[insert organisation name]**

8.4 Information provided to carers

[insert organisation name] is responsible for providing carer(s) with information, in a way that is understandable to them, about:

- recovery-oriented mental health practice
- what information will be provided about the mental health condition, and the services being provided to the consumer

- confidentiality obligations, the limits to confidentiality commitments and how service providers engage with carers and the range of information that can be provided when consumers do not want treatment information shared
- the range and implications of available supports
- the organisation's entry process, inclusion and exclusion criteria, and the process for re-entering the organisation.
- carer rights and responsibilities (a written statement is provided)
- a copy of the National Standards for Mental Health Services (2010) and Carer Recognition Act (Cwlth) 2010 and an extract of the NSW Mental Health Act NSW (2007) outlining the rights of primary carers under that legislation.
- the range of relevant services, self-care programs and support available in the community to maximise the wellbeing of consumers and their carers.
- non-personal information about the person's mental health condition, support, and if applicable, rehabilitation.
- the recovery plan, progress of the person being supported, and exit plan, with that person's informed consent if they have the capacity to grant this.
- If the person does not have capacity to grant or refuse access to their private information, particularly if they lack insight into their condition or have specific delusions in relation to their carers, (and their carers appropriately provide significant support to them), the carers will still be entitled to be advised of information necessary to support their caring role, specifically;
 - diagnosis,
 - medication requirements,
 - non-pharmacological treatment requirements;
 - future appointments for treatment and/or assessment,
 - symptoms of deterioration and
 - persons to contact in case of emergency.
- **[insert organisation name]**'s criteria for determining whether a carer is appropriately involved in the person's care, particularly if they are in fact involved but the consumer is seeking to exclude them, including things like; the consumer's usual place of residence, the carer's capacities and attitudes to the caring role, the availability of more suitable alternatives supported by the consumer etc.
- **[insert organisation name]**'s appeals or complaints procedure
- organisational achievements in relation to strategies, implementation plans, sustainability of partnerships and/or consumer activities

Carer rights and responsibilities, the National Standards for Mental Health Services, and information about other services will be prominently displayed in **[insert organisation name]**'s public areas and will be available on our website. They will be provided to carers personally on request, and when they are involved in service entry.

[insert organisation name] records when and if carers have been:

- provided with information about its complaints management processes
- advised about mental health carer advocacy and support groups and organisations.

8.5 Information Sought from Carers:

[insert organisation name] actively seeks information from carers in relation to the person being supported during assessment, support and ongoing support, and records that information in the consumer's personal file.

The organisation includes carers, other service providers and others nominated by the consumer in assessment, unless the consumer makes an informed decision to exclude them..

Prior to administration of new medication and / or other treatment options or technologies, the views of carer(s), along with the history of previous treatment/support, are considered and documented.

8.6 Confidentiality

Information about confidentiality requirements is provided to staff and volunteers in orientation programs.

[insert organisation name] staff have a sound understanding of general legal confidentiality principles as they relate to the duty of care owed to people with limited decision making capacities, as well as those of the NSW Mental Health Act (2007) and NSW Privacy Act, which define what information can be conveyed to families, carers and primary carers, and under what circumstances.

When a consumer, without exposing themselves or others to significant risk of harm, makes an informed decision that they do not want the carer involved in their recovery journey or to be provided with personal information, **[insert organisation name]** will consider the extent to which this decision can be given effect without breaching its other legal obligations, including their duty of care to the consumer and the rights of primary carers under the Mental Health Act.

If the decision is consistent with the obligations of **[insert organisation name]** to that person and any carer(s), **[insert organisation name]** will, without breaching consumer confidentiality decisions, ensure that carers:

- have access to information about the consumer's mental health in general terms, and reassurance about the supports that monitor the consumer's well being
- still have the opportunity to present their issues and their observations of the consumer's history and condition, to have them listened to and taken into account in the assessment, planning and delivery of services to the consumer
- have opportunities to be involved in the organisation at the service level, even though their involvement in decision making about the consumer is limited
- have service provider support to help them access carer support and advocacy services.

If carers are reasonably excluded by the consumer from the caring role then the future treatment, care and support plans for the person will be fashioned without any expectation of participation by those carers, and alternative resources will be identified within such plans for any and all necessary supports family and carers had previously provided which are considered to be crucial to the consumer's wellbeing.

[insert organisation name] documents:

- what information is provided to carers:
 - that does not require consumer consent
 - that needs consumer consent
- what information about confidentiality requirements is provided to staff and volunteers in orientation programs.

Carers can declare any information they give as confidential. In practice, this means noting on the **[name of form]** form with whom information can and cannot be shared. The risk of self-harm or public harm may over-ride this.

This may include instructions not to share certain information about the consumer with the consumer. In such cases **[insert organisation name]** will have to determine whether, and how, it tests the veracity of such information without such disclosure.

8.7 Rights of Carers

[insert organisation name] upholds the right of carers to be involved in the management of the consumer's support with the consumer's informed consent where this is possible and appropriate.

[insert organisation name] upholds the right of carers to have their needs and feedback taken into account in the planning, delivery and evaluation of services.

Carers have the right to independently determine who will represent their views to the organisation.

The organisation treats consumers and carers with respect and dignity.

8.8 Partnership

[insert organisation name] is committed to working in partnership with consumers, carers and other service providers

[insert organisation name] services are integrated and coordinated with other services to optimise continuity of effective support for consumers and carers. **[insert organisation name]** facilitates continuity of integrated support across programs, sites and other related services with appropriate communication, documentation and evaluation to meet the identified needs of consumers.

Family and Carer Participation

[insert organisation name] provides support for families and carers to contribute information and views that might help support consumers and contribute to recovery goals; families and carers can also be involved at the organisational level and systemic levels.

8.8.1 Family and Carer Participation with Consumers Accessing Services

Demands on families and carers are taken into consideration when developing the least restrictive support with the consumer accessing services; a family / carer plan may be in place as part of the consumer's individual recovery plan.

The right of the consumer accessing services to involve or not to involve families and carers and others is recognised and respected by **[insert organisation name]** taking into consideration the decision-making capacity of the consumer and legal obligations of the organisation.

[insert organisation name] will make its own assessments about the appropriate level of disclosure to families and carers, taking into consideration:

- the consumer's (and/or substitute decision-maker's) expressed wishes
- the consumer's decision-making capacity
- **[insert organisation name]'s** duty of care obligations,
- rights of carers under the Carer Recognition Act and the Mental Health Act.

There is a current individual recovery plan, developed and regularly reviewed by the consumer and, with the consumer's informed consent, their family and carer(s).

The treatment and support provided by the organisation is developed and evaluated collaboratively with the consumer and their family and carer. This is documented in the current individual recovery plan.

The consumer and their family and carer and other service providers are involved in developing the exit plan if the family and carers are to have a role in supporting the consumer after transitioning from the service. Copies of the exit plan (or relevant portions thereof) are made available to the consumer and with the consumer's informed consent, their family and carer(s).

If the consumer makes an informed decision not to disclose relevant portions of the plan, then the plan will either be re-drafted to eliminate the involvement of the persons to whom disclosure is refused.

If the consumer lacks capacity to make an informed decision and decides not to disclose relevant portions of the plan, the consumer's wishes will be ignored to the minimum extent this is necessary to allow the plan to operate effectively.

Families and/or carers will only be expected to play a role in a treatment or exit plan if:

- this role is disclosed to them
- they agree to provide support as indicated in the plan

8.8.2 Participation of families and carers at organisational and systemic levels

[insert organisation name] is committed to involving families and carers in support to ensure better outcomes for consumers, acknowledging the important role that a consumers' support network plays in recovery following exit from the service.

Families and carers can participate in the:

- planning, delivery and evaluation of **[insert organisation name]** through:
 - seeking nomination to the governing body
 - contributing to program reviews and evaluations
 - contributing to the development of the strategic plan,
 - participating as a member on staff selection panels, subcommittees and working groups.
 - being involved in staff training
 - seeking employment with the organisation
 - contributing to, and/or reading, the organisation's newsletter
 - **[add other opportunities for participation]**
- planning, development and evaluation of systemic initiatives and policies
 - through representing **[insert organisation name]** on the region's Carer Advisory Group,
 - participating in delivery of a staff training program for:
 - a public [or private] [or community managed] mental health service
 - mainstream organisations
 - being part of a carer advocacy organisation
 - seeking employment in the sector
 - **[add other opportunities for participation].**

[insert organisation name] involves families and carers in the development of strategies and activities that are responsive to the needs of its community to:

- promote mental health and wellbeing
- address early identification and prevention of mental health problems and / or mental illness.

[insert organisation name]:

- draws on the perspective of families and carers in the development and regular review of its strategic plan.

- has processes to actively involve families and carers in planning, service delivery, evaluation and quality programs.
- actively seeks participation of families and carers in the policy development, planning, delivery and evaluation of services to optimise outcomes for consumers.
- provides ongoing training and support to families and carers who participate in representational and advocacy roles.
- facilitates family and carer participation in the relevant committees, including payment (direct or in-kind) and / or reimbursement of expenses when formally engaged in activities undertaken for the organisation.
- provides training and support for families and family and carers:
 - which maximises family and carer representation and participation in the organisation.
 - who are involved in formal advocacy and / or support roles within the organisation.
- ensures mentoring and supervision are provided to families and carers it employs.

For more information, see Participation Policy

8.9 Diversity Needs of Carers

[insert organisation name] considers the needs of carers in relation to Aboriginal and Torres Strait Islander persons, culturally and linguistically diverse (CALD) persons, religious / spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age profile and socio-economic status. Carers are supported to access service providers within and outside their communities.

[insert organisation name] considers the special needs of children and aged persons as carers and provides information on how they can access support. Information is provided to young and aged carers about organisations that can assist them, including but not limited to:

- Mental Health Carers ARAFMI Australia, <http://www.arafmiaustralia.asn.au/> ,
- Mental Illness Fellowship of Australia, <http://www.mifa.org.au/>
- Children of Parents with a Mental Illness (COPMI), <http://www.copmi.net.au/>
- The Australian Government site on mental health, www.mentalhealth.gov.au
- Department of Health and Ageing, <http://www.health.gov.au>
- Commonwealth Respite and Care Link Program, freecall 1800 052222 or <http://www9.health.gov.au/ccsd/>

8.10 Equipping the organisation to work with carers

The entry process to **[insert organisation name]** is a defined pathway with service specific entry points that meet the needs of the consumer, their carer(s) and its

community that are complementary to any existing generic health or welfare intake systems.

Support provided by **[insert organisation name]** reflects best available evidence and emphasises early intervention and positive outcomes for consumers and their carers.

[insert organisation name] provides training to staff to develop skills and competencies for working with carers including:

- communicating with carers
- assessing carer capacity to provide care for the consumer after discharge

[insert organisation name] has a comprehensive knowledge of community services and resources and collaborates with consumers and carers to assist them to identify and access relevant services. Staff provide carers with information about available sources of ongoing support when a consumer exits the service.

[insert organisation name] may use carer assessment tools to assess carer capacity to provide care to the consumer.

8.11 Supporting Carers

[insert organisation name] holds that all consumers who voluntarily provide regular and substantial support for a person experiencing mental illness should be supported to consider their own self-care, physical and mental health needs. In this case, **[insert organisation name]** invites carers to look at three areas:

- information about the person they are caring for
- their needs as a carer
- services carers may access

[insert organisation name] will arrange a translator, if needed.

Carers will be offered support to develop a personal resource which may include:

- information about the mental health needs of the person to whom they are providing support, including information about medication and any side-effects which can be predicted, and services available to support them
- action to meet their own needs
- information on what to do and who to contact in a crisis
- what supports need to be arranged to meet their own mental and physical health needs, and how it will be accessed
- action needed to secure advice on income, housing, educational and employment matters
- arrangement for short breaks
- arrangements for social support, including access to carer' support groups

[insert organisation name] may also use the following strategies to support families:

[eg provision of information, therapeutic support (single session therapy, joint and individual), referral to appropriate services]

In meeting both the needs of the consumer and families, **[insert organisation name]** acknowledges that the level of support required by some families will not be able to be provided within the service to meet the needs of all situations.

[insert organisation name] has partnerships with local family support services to provide appropriate referrals. Referrals are made in consultation with, and with the consent of, all members.

8.12 Carer Feedback

[insert organisation name] encourages families and carers to make suggestions or raise concerns about any aspect of its support.

Carer complaints will be managed through the Feedback and Complaints Policy.

9. References + Resources

Carer Recognition Act (Cwlth) 2010

http://www.carersaustralia.com.au/uploads/Carers%20Australia/Legislation/Carer_Reognition_Act_2010.pdf Accessed 22nd May, 2011.

Disability Services Act (NSW) 1993

Privacy Act

9.1 Internal

Abuse & Neglect Policy

Advocacy Policy

Consent Form for Exchange of Personal Information

Feedback & Complaints Policy

Individual Supports Policy

Informed Decision Making Policy

Integration Policy

Participation Policy

Privacy and Confidentiality Policy

Promotion and Prevention Policy

Risk Management Policy

Service Entry Policy

Service Exit & Re-Entry Policy

9.2 External

Commonwealth of Australia (2010). Implementation Guidelines for Non-government Community Services

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-i-nongov> accessed 6th May, 2011

Department of Human Services NSW (2011). *Standards in action*. Ageing, Disability and Home Care.

NADA Family Inclusive Practice Policy.

http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44

Stirling, R. (2009). *Tools for Change: A new way of working with families and carers*, Network of Alcohol and other Drugs Agencies (NADA), Sydney. Available from www.nada.org.au

Mental Health Statement of Rights and Responsibilities (1991). *Report of the Mental Health Consumer Outcomes Task Force Adopted by The Australian Health Ministers March 1991*. Australian Government Publishing Service: Canberra.

[http://www.health.gov.au/internet/main/publishing.nsf/content/1FE72FD78779BB44CA2572060026BC9E/\\$File/rights.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/1FE72FD78779BB44CA2572060026BC9E/$File/rights.pdf) Accessed 29th May 2011.

Young, J (1998). *The Get Together FaST Participant Workbook*, The Bouverie Centre, La Trobe University, Melbourne, Australia.

Legislation

Health Records and Information Privacy Act 2002 (NSW)

Mental Health Act (NSW) 2007

Privacy Act 1988 (Cth)

Privacy and Personal Information Protection Act 1998 (NSW)

Websites

Carers NSW

www.carersmsw.asn.au

9.3 Quality and Accreditation Standards

EQuIP4

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.1: Consumers/patients are provided with high quality care throughout the care delivery process.

Criterion 1.1.2: Care is planned and delivered in partnership with the consumer/patient and when relevant, the carer, to achieve the best possible outcomes.

Criterion 1.1.4: Care is evaluated by health care providers and when appropriate with the consumer/patient and carer.

Standard 1.6: The governing body is committed to consumer participation.

Criterion 1.6.1: Input is sought from consumers, carers and the community in planning, delivery and evaluation of the health service.

EQUIP5

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.1: Consumers/patients are provided with high quality care throughout the care delivery process.

Criterion 1.1.2: Care is planned and delivered in collaboration with the consumer / patient and when relevant, the carer, to achieve the best possible outcomes.

Criterion 1.1.4: Outcomes of clinical care are evaluated by healthcare providers and where appropriate are communicated to the consumer / patient and carer.

Standard 1.6: The governing body is committed to consumer participation.

Criterion 1.6.1: Consumers / patients, carers and the community participate in the planning, delivery and evaluation of the health service.

Health and Community Service Standards (6th edition)

Provided by the Quality Improvement Council (QIC)

Standard 2.2: Services and programs are provided in an effective, safe and responsive way to ensure positive outcomes for consumers and communities.

Evidence Questions: What is the evidence that:

b) Services and programs are managed to ensure positive outcomes for consumers and communities?

d) Consumers and communities participate in decision-making about services and programs they receive?

h) Effective referral practices are in operation?

9.4 National Mental Health Standards

Criterion 1.4: The organisation provides consumers and their carers with a written statement, together with a verbal explanation of their rights and responsibilities, in a way that is understandable to them as soon as possible after entering the organisation and at regular intervals throughout their care.

Criterion 1.6: The organisation communicates with consumers, carers and other service providers and applies the rights and responsibilities of involuntary patients as per relevant Commonwealth, state / territory mental health legislation and related Acts.

Criterion 1.11: The MHS upholds the right of the consumer to nominate if they wish to have (or not to have) others involved in their care to the extent that it does not impose serious risk to the consumer or others.

Criterion 1.12: The organisation upholds the right of carers to be involved in the management of the consumer's care with the consumer's informed consent.

Criterion 1.14: The organisation enacts policy and procedures to ensure that personal and health related information is handled in accordance with Commonwealth, state / territory privacy legislation when personal information is communicated to health professionals outside the organisation, carers or other relevant agencies.

Criterion 3.1: The organisation has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs.

Criterion 3.2: The organisation upholds the right of the consumer and their carer(s) to have their needs and feedback taken into account in the planning, delivery and evaluation of services.

Criterion 3.3: The organisation provides training and support for consumers, carers and staff, which maximize consumer and carer(s) representation and participation in the organisation.

Criterion 3.4: Consumers and carers have the right to independently determine who will represent their views to the organisation.

Criterion 3.5: The organisation provides ongoing training and support to consumers and carers who are involved in formal advocacy and / or support roles within the organisation.

Criterion 3.6: Where the organisation employs consumers and carers, the organisation is responsible for ensuring mentoring and supervision is provided.

Criterion 3.7: The organisation has policies and procedures to assist consumers and carers to participate in the relevant committees, including payment (direct or in-kind) and / or reimbursement of expenses when formally engaged in activities undertaken for the organisation.

Criterion 5.1: The organisation develops strategies appropriate to the needs of its community to promote mental health and address early identification and prevention

of mental health problems and / or mental illness that are responsive to the needs of its community, by establishing and sustaining partnerships with consumers, carers, other service providers and relevant stakeholders.

Criterion 5.3: The organisation, in partnership with other sectors and settings supports the inclusion of mental health consumers and carers in strategies and activities that aim to promote health and wellbeing.

Criterion 5.4: The organisation evaluates strategies, implementation plans, sustainability of partnerships and individual activities in consultation with their partners. Regular progress reports on achievements are provided to consumers, carers, other service providers and relevant stakeholders.

Criterion 6.5: Consumers have the right to receive the least restrictive treatment appropriate, considering the consumer's preference, the demands on carers, and the availability of support and safety of those involved.

Criterion 6.11: The right of consumers to involve or not to involve carers and others is recognised and respected by the organisation.

Criterion 6.16: The right of the consumer to have visitors and maintain close relationships with family and friends is recognised and respected by the MHS.

Criterion 7.1: The organisation has clear policies and service delivery protocols to enable staff to effectively identify carers as soon as possible in all episodes of care, and this is recorded and prominently displayed within the consumer's health record.

Criterion 7.2: The organisation implements and maintains ongoing engagement with carers as partners in the delivery of care as soon as possible in all episodes of care.

Criterion 7.3: In circumstances where a consumer refuses to nominate their carer(s), the organisation reviews this status at regular intervals during the episode of care in accordance with Commonwealth and state / territory jurisdictional and legislative requirements.

Criterion 7.4: The organisation provides carers with a written statement, together with a verbal explanation of their rights and responsibilities in a way that is understandable to them as soon as possible after engaging with the organisation.

Criterion 7.5: The organisation considers the needs of carers in relation to Aboriginal and Torres Strait Islander persons, culturally and linguistically diverse (CALD) persons, religious / spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age profile and socio-economic status.

Criterion 7.6: The organisation considers the special needs of children and aged persons as carers and makes appropriate arrangements for their support.

Criterion 7.7: The organisation has documented policies and procedures for clinical practice in accordance with Commonwealth, state / territory privacy legislation and guidelines that address the issue of sharing confidential information with carers.

Criterion 7.8: The organisation ensures information regarding identified carers is accurately recorded in the consumer's personal record and reviewed on a regular basis.

Criterion 7.9: The organisation provides carers with non-personal information about the consumer's mental health condition, treatment, ongoing care and if applicable, rehabilitation.

Criterion 7.10: The organisation actively seeks information from carers in relation to the consumer's condition during assessment, treatment and ongoing care and records that information in the consumer's personal file.

Criterion 7.11: The organisation actively encourages routine identification of carers in the development of relapse prevention plans.

Criterion 7.12: The organisation engages carers in discharge planning involving crisis management and continuing care prior to discharge from all episodes of care.

Criterion 7.13: The organisation provides information about and facilitates access to services that maximize the wellbeing of carers.

Criterion 7.14: The organisation actively seeks participation of carers in the policy development, planning, delivery and evaluation of services to optimise outcomes for consumers.

Criterion 7.15: The organisation provides ongoing training and support to carers who participate in representational and advocacy roles.

Criterion 7.16: The organisation provides training to staff to develop skills and competencies for working with carers.

Criterion 7.17: The organisation has documented policies and procedures for working with carers.

Criterion 8.1: The governance of the organisation ensures that its services are integrated and coordinated with other services to optimise continuity of effective care for its consumers and carers.

Criterion 8.3: The organisation develops and regularly reviews its strategic plan in conjunction with all relevant service providers. The plan incorporates needs analysis, resource planning and service evaluation. This should be developed with the participation of staff, stakeholders, consumers, carers and representatives of its community.

Criterion 9.1: The organisation ensures that a person responsible for the coordination of care is available to facilitate coordinated and integrated services throughout all stages of care for consumers and carers.

Criterion 9.3: The organisation facilitates continuity of integrated care across programs, sites and other related services with appropriate communication, documentation and evaluation to meet the identified needs of consumers and carers.

Criterion 10.1.2: The organisation treats consumers and carers with respect and dignity.

Criterion 10.1.3: The organisation recognises the lived experience of consumers and carers and supports their personal resourcefulness, individuality, strengths and abilities.

Criterion 10.1.4: The organisation encourages and supports the self determination and autonomy of consumers and carers.

Criterion 10.1.5: The organisation promotes the social inclusion of consumers and advocates for their rights of citizenship and freedom from discrimination.

Criterion 10.1.6: The organisation provides education that supports consumer and carer participation in goal setting, treatment, care and recovery planning, including the development of advance directives.

Criterion 10.1.7: The organisation supports and promotes opportunities to enhance consumers' positive social connections with family, children, friends and their valued community.

Criterion 10.1.8: The organisation demonstrates systems and processes for consumer and carer participation in the development, delivery and evaluation of the services.

Criterion 10.1.9: The organisation has a comprehensive knowledge of community services and resources and collaborates with consumers and carers to assist them to identify and access relevant services.

Criterion 10.1.10: The organisation provides access for consumers and their carer(s) to a range of carer-inclusive approaches to service delivery and support.

Criterion 10.3.2: The organisation makes known its entry process, inclusion and exclusion criteria to consumers, carers, other service providers, and relevant stakeholders including police, ambulance services and emergency departments.

Criterion 10.3.4: The entry process to the organisation is a defined pathway with service specific entry points that meet the needs of the consumer, their carer(s) and its community that are complementary to any existing generic health or welfare intake systems.

Criterion 10.3.8: The organisation ensures that a consumer and their carer(s) are able to identify a nominated person responsible for coordinating their care and informing them about any changes in the care management.

Criterion 10.4.3: The organisation, with the consumer's informed consent includes carers, other service providers and others nominated by the consumer in assessment.

Criterion 10.4.8: There is a current individual interdisciplinary treatment, care and recovery plan, which is developed in consultation with and regularly reviewed with

the consumer and with the consumer's informed consent, their carer(s) and the treatment, care and recovery plan is available to both of them.

Criterion 10.5.1: Treatment and support provided by the organisation reflects best available evidence and emphasises early intervention and positive outcomes for consumers and their carer(s).

Criterion 10.5.3: The organisation is responsible for providing the consumer and their carer(s) with information on the range and implications of available therapies.

Criterion 10.5.5: The organisation provides the least restrictive and most appropriate treatment and support possible. Consideration is given to the consumer's needs and preferences, the demands on carers, and the availability of support and safety of those involved.

Criterion 10.5.8: The views of the consumer and their carer(s), and the history of previous treatment is considered and documented prior to administration of new medication and / or other technologies.

Criterion 10.5.11: The treatment and support provided by the organisation is developed and evaluated collaboratively with the consumer and their carer(s). This is documented in the current individual treatment, care and recovery plan.

Criterion 10.5.15: Information on self care programs or interventions is provided to consumers and their carer(s) in a way that is understandable to them.

Criterion 10.6.2: The consumer and their carer(s) are provided with understandable information on the range of relevant services and support available in the community.

Criterion 10.6.4: The consumer and their carer(s) and other service providers are involved in developing the exit plan. Copies of the exit plan are made available to the consumer and with the consumers' informed consent, their carer(s).

Criterion 10.6.5: The organisation provides consumers, their carers and other service providers involved in follow-up with information on the process for re-entering the organisation if required.

9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Evidence items are:

Item 1.2f: Policy and procedures are accessible and applied in practice and describe the support, treatment, recovery plans and advance directives which are:

- Developed by the person, in partnership with workers and family and carers (with consent), based on the consumer's strengths, needs, desires and goals
- Reviewed collaboratively on a regular basis
- Owned and approved by the person and are available to them and others (with consent).

Item 1.2j: Policy and procedures are in place that show how information should be disseminated to:

- Workers
- Consumers, carers and families
- External organisations

Item 1.4: A complaint process is in place and is promoted and easily accessible. Each complaint is respected, taken seriously and acted upon, and consumers and carers are protected from reprisals.

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 3.1: Shared hope and optimism for a consumer's future drives service provision.

Item 3.5: Workers are aware of and responsive to diversity (e.g. gender, age, culture, ethnicity, language, sexual preference and religious beliefs / spirituality).

Item 3.6: When workers engage with people they:

- Respect them as equals and as experts by experience
- Value their voice and vision in informing their support
- Use strengths based language and everyday language (not clinical jargon).

Item 3.9: Where required, interpreters and workers are made available to consumers, carers and families to communicate in their preferred language.

Item 3.10: Workers respect a person's decision whether to involve carers and family, and acknowledge and respect carer and family participation and input.

Item 3.11: Support / treatment, recovery plans and advance directives:

- a. Are developed by the person, in partnership with workers and family and carers (with consent), based on the consumer's strengths, needs, desires and goals
- b. Are reviewed collaboratively on a regular basis
- c. Are owned and approved by the person and are available to them and others (with consent).

Item 3.14: The person, their family and carers are provided with their rights and responsibilities in both written and verbal formats upon contact with the service.

Item 3.17: Workers support the person, their family and carers to make informed decisions by sharing information on services, activities in the community that support their participation, social interactivity and recovery, including peer networks and support groups, therapies and supports, and supporting consumers to find information from other sources.

Item 4.1: Consumers and carers (including peer workers) are actively and routinely involved and supported in the planning, delivery and evaluation of workers training.

Item 4.2a: Policies and procedures are in place that relate to privacy and confidentiality, the obtaining of consumer consent to share their information and communication techniques available.

Item 4.2d: The organisation provides induction training on the rights and responsibilities of consumers and carers.

Item 4.2f: The organisation provides induction training on consumer participation and social inclusion including networking with other relevant organisations ensuring consumer and carer participation and how this is achieved at both the individual and organisational level.

Item 4.3: The organisation provides the opportunity for ongoing training, including respectful practice, culturally responsive practices acknowledging different understandings and sensitivities relating to mental health, including Aboriginal and Torres Strait Islander meanings, the processes for workers to address stigmatising and discriminatory language they have observed, and the debilitating impacts of stigma and discrimination towards consumers, particularly in the language used by service workers.

Item 4.3b: The organisation provides the opportunity for ongoing training including in relationships:

- How to explore and identify appropriate boundaries
- Prioritising time for and undertaking relationship building
- Identifying relationships that are supportive of recovery, and those that may hinder a person's recovery
- Trauma informed care and practice
- Communication skills, including listening and negotiation
- Dealing with conflict, violence, hopelessness and/or challenging behaviour
- Working with people who are reluctant to be involved in decisions around their treatment and care
- The importance of attitudes such as hope and optimism
- How to explore and relate one's own life experiences to strengthen.
- The complaints process.

Item 4.3d: The organisation provides the opportunity for ongoing training on consumer self-directed care:

- How to facilitate the delivery of consumer self-directed services, including how to maximise consumer choice and control in their recovery
- Information on the individual, non-linear nature of recovery and how this affects the level of support provided by workers

Item 4.3e: The organisation provides the opportunity for ongoing training on the obtaining and sharing of knowledge and information including:

- Protocols relating to privacy and confidentiality
- Relevant legislation changes
- Innovative recovery based practice
- New and existing relevant services
- Sharing accessible information and resources relevant to consumers, their families and carers.

Item 4.5: Consumers, their families and carers are supported to access education and training on mental health, recovery and wellness.

Item 5.4: Consumers, their families and carers actively participate in quality improvement processes including service evaluation, development and decision making.

9.6 NSW Disability Services Standards (DSS)

9.1 The service provider has developed written policies and procedures on mechanisms which promote the maintenance of family relationships.

9.2 The service provider has developed, in consultation with service users, written policies and procedures on mechanisms which promote the maintenance of family relationships.

9.7 Mental Health Act (NSW) 2007

68 Principles for care and treatment

It is the intention of Parliament that the following principles are, as far as practicable, to be given effect to with respect to the care and treatment of people with a mental illness or mental disorder:

- (a) people with a mental illness or mental disorder should receive the best possible care and treatment in the least restrictive environment enabling the care and treatment to be effectively given,
- (b) people with a mental illness or mental disorder should be provided with timely and high quality treatment and care in accordance with professionally accepted standards,
- (c) the provision of care and treatment should be designed to assist people with a mental illness or mental disorder, wherever possible, to live, work and participate in the community,
- (d) the prescription of medicine to a person with a mental illness or mental

disorder should meet the health needs of the person and should be given only for therapeutic or diagnostic needs and not as a punishment or for the convenience of others,

(e) people with a mental illness or mental disorder should be provided with appropriate information about treatment, treatment alternatives and the effects of treatment,

(f) any restriction on the liberty of patients and other people with a mental illness or mental disorder and any interference with their rights, dignity and self-respect is to be kept to the minimum necessary in the circumstances,

(g) the age-related, gender-related, religious, cultural, language and other special needs of people with a mental illness or mental disorder should be recognised,

(h) every effort that is reasonably practicable should be made to involve persons with a mental illness or mental disorder in the development of treatment plans and plans for ongoing care,

(i) people with a mental illness or mental disorder should be informed of their legal rights and other entitlements under this Act and all reasonable efforts should be made to ensure the information is given in the language, mode of communication or terms that they are most likely to understand,

(j) the role of carers for people with a mental illness or mental disorder and their rights to be kept informed should be given effect.

71 Primary carer

(1) The "**primary carer**" of a person (the "**patient**") for the purposes of this Act is:

(a) the guardian of the patient, or

(b) the parent of a patient who is a child (subject to any nomination by a patient referred to in paragraph (c)), or

(c) if the patient is over the age of 14 years and is not a person under guardianship, the person nominated by the patient as the primary carer under this Part under a nomination that is in force, or

(d) if the patient is not a patient referred to in paragraph (a) or (b) or there is no nomination in force as referred to in paragraph (c):

(i) the spouse of the patient, if any, if the relationship between the patient and the spouse is close and continuing, or

(ii) any person who is primarily responsible for providing support or care to the patient (other than wholly or substantially on a commercial basis), or

(iii) a close friend or relative of the patient.

(2) In this section: "**close friend or relative**" of a patient means a friend or relative of the patient who maintains both a close personal relationship with the patient through frequent personal contact and a personal interest in the patient's welfare and who does not provide support to the patient wholly or substantially on a commercial basis.

72 Nomination of primary carer

(1) A person may nominate a person to be the person's primary carer for the purposes of this Act.

(2) A person may nominate persons who are excluded from being given notice or information about the person under this Act and may revoke or vary any such nomination.

(3) A person who is over the age of 14 years and under the age of 18 years may not exclude the person's parent by a nomination under subsection (2).

(4) A nomination, variation or revocation is to be made in writing and may be given to an authorised medical officer at a mental health facility or a director of community treatment.

(5) A nomination remains in force for the period prescribed by the regulations or until it is revoked in writing.

(6) An authorised medical officer or a director of community treatment is, in carrying out his or her functions under this Act or the regulations, to give effect to a nomination or a variation or revocation of a nomination, if notified of the nomination, variation or revocation.

(7) An authorised medical officer or a director of community treatment is not required to give effect to a nomination, or a variation or revocation of a nomination, if the officer or director reasonably believes:

(a) that to do so may put the patient or nominated person or any other person at risk of serious harm, or

(b) that the person who made the nomination, variation or revocation was incapable of making the nomination, variation or revocation.

Division 2 – Notification and information sharing

73 Information about medication

(1) On a request made under this section, an authorised medical officer of a mental health facility must provide particulars of the types of medication and dosages of each type of medication currently being administered or recently administered to a patient or person detained in the facility.

(2) A request may be made by:

(a) the patient or person detained in the mental health facility, or

(b) the primary carer of any such patient or person, or

(c) a representative of any such patient or person at a mental health inquiry or before the Tribunal.

74 Information to be given to persons to be detained

(1) An authorised medical officer of a mental health facility must give the following persons an oral explanation and a written statement of their legal rights and other entitlements under this Act:

(a) a person who is taken to the facility under Part 2 of Chapter 3,

(b) a person who is a voluntary patient in the facility, if it is decided to take steps to detain the person under Part 2 of Chapter 3,

(c) an affected person who is detained in the facility after a breach notice or breach order relating to a community treatment order, if it is decided to take

steps to detain the person under Part 2 of Chapter 3.

(2) The explanation and statement must be given as soon as practicable after the person is taken to a mental health facility or it is decided to take steps to detain the person.

(3) The written statement is to be in the form set out in Schedule 3.

(4) If the authorised medical officer is of the opinion that a person is not capable of understanding the explanation or statement when it is first given, another explanation or statement must be given to the person not later than 24 hours before a mental health inquiry is held about the person.

(5) The authorised medical officer must, if the person is unable to communicate adequately in English but is able to communicate adequately in another language, arrange for the oral explanation to be given in that other language.

75 Notification to primary carer of initial detention

(1) An authorised medical officer must, not later than 24 hours after a person is detained in a mental health facility, take all reasonably practicable steps to notify the primary carer of the person that the person is detained in the facility.

(2) Notice need not be given if the person is discharged or classified as a voluntary patient within that period.

76 Notification of mental health inquiries

(1) An authorised medical officer must notify an assessable person detained in the mental health facility that:

(a) a mental health inquiry will be held about the person, and

(b) all reasonably practicable steps will be taken to give notice of the inquiry to the person's primary carer.

(2) The notice is to be given when the authorised medical officer becomes aware that the person is an assessable person.

(3) The authorised medical officer must, in accordance with the regulations, take all reasonably practicable steps to give notice to the primary carer of an assessable person of a proposed mental health inquiry.

77 Notification to new involuntary patients of appeal rights

(cf 1990 Act, s 55)

(1) An authorised medical officer of a mental health facility must give, or cause to be

given, to a person ordered by a Magistrate after a mental health inquiry to be detained in the facility as an involuntary patient a statement of the rights of appeal conferred on the person as an involuntary patient under this Act.

(2) The statement must be given as soon as practicable after the order is made.

(3) The statement is to be in the form approved by the Minister.

78 Notifications to primary carer of events affecting patients or detained persons

(1) An authorised medical officer of a mental health facility must take all reasonably practicable steps to notify the primary carer of a patient or person detained in the facility if any of the following events occurs:

(a) the patient or person is absent from the facility without permission or fails to return at the end of a period of leave,

(b) it is proposed to transfer the patient or person, or the patient or person is transferred, to another mental health facility or other facility,

(c) the patient or person is discharged from the mental health facility,

(d) the patient or person is re-classified as a voluntary patient,

(e) it is proposed to apply to the Tribunal for an ECT inquiry under Part 2 or to ascertain whether the patient or person is capable of giving informed consent to electro convulsive therapy,

(f) a surgical operation is performed on the patient or person under Part 3,

(g) it is proposed to apply to the Director-General or the Tribunal for consent to a surgical operation or special medical treatment under Part 3.

(2) The authorised medical officer must give the notice as soon as practicable after becoming aware that the event has occurred.

(3) In the case of a proposed transfer, the notice must be given before the relevant order or arrangement is made, except in an emergency.

79 Discharge and other planning

(1) An authorised medical officer of a mental health facility must take all reasonably practicable steps to ensure that a patient or person detained in the facility, and the primary carer of the patient or person, are consulted in relation to planning the patient's or person's discharge and any subsequent treatment or other action considered in relation to the patient or person.

(2) In planning the discharge of any such patient or person, and any subsequent treatment or other action considered in relation to the patient or person, the authorised medical officer must take all reasonably practicable steps to consult with

agencies involved in providing relevant services to the patient or person, any primary carer of the patient or person and any dependent children or other dependants of the patient or person.

(3) An authorised medical officer of a mental health facility must take all reasonably practicable steps to provide any such patient or person who is discharged from the facility, and the patient's or person's primary carer, with appropriate information as to follow-up care.