

Standard 7.

Carers

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

GUIDELINES

Where there is relevant legislation services should ensure compliance. e.g. *Carer Recognition Act*.

The intent of this Standard is to ensure that carers are informed and involved in the treatment, care and recovery planning of the consumer when the carer has an ongoing role to support the consumer.

In the context of this standard 'carer' refers to family members or friends of people with a mental illness whose life is affected by the mental illness and includes the partner, parent, friend or child of the consumer [see criterion 7.1].

Identification of carers (Criterion 7.1)

Carers can be parents, partners, brothers, sisters, friends or children of any age. A carer can also be a state or territory guardianship board or tribunal appointed guardian or administrator and MHS should have policies to address these possibilities. Issues of custodial/non custodial parents and legal guardianship should be considered and addressed, as well as whether the carer is a consumer within another MHS. Policies and service delivery protocols should address these situations.

Among Aboriginal and Torres Strait Islander people, carers can include individual members of a family who may not necessarily be blood relatives and skin groups and can embrace entire communities. A different definition of 'carer' applies. Identification of carers can therefore be difficult and flexibility in recording carer information has to be applied.

Partnerships (Criteria 7.2, 7.3)

Care should be delivered in partnership with consumers, carers and other relevant clinicians.

When there is a carer (nominated by the consumer or otherwise identified), they should be engaged as soon as possible in the episode of care with clear and open communication and the sharing of information. The MHS should routinely seek information from carers that contribute to care. When the carer has not been identified at admission, the MHS should continue to attempt to identify the carer.

Consideration of the role of the extended family and of the greater community must also be taken into account when working with Aboriginal and Torres Strait Islander and CALD communities. Culture and the social behaviours influence Aboriginal and Torres Strait Islander people's decisions about when and why they seek services. This includes acceptance or rejection of treatment and the likelihood of adherence to treatment and follow-up, the likely success of prevention and health promotion strategies, the consumer's assessment of the quality of care and their views about the health service and its staff. Help from Aboriginal health workers and cultural 'guides' is vital in establishing meaningful contact with families from rural and remote communities.

Provision of information (Criterion 7.4)

Written material on rights and responsibilities should be provided in a variety of languages and a variety of media. This material should be prominently displayed in every facility of the MHS and also made available on the MHS website and via email, fax or post upon request.

Consideration must also be given to alternative means of engaging with the general population in remote communities on mental health. Information technology could be used to facilitate involvement, for example, in the form of 'talking' posters. Books in the local language and display of mental health information in Indigenous organisations and facilities could all help.

Information should include:

- where to access a copy of the *National Standards for Mental Health Services* (2010) for example by provision of a web address*
- organisation brochure on rights and responsibilities, which can be a photocopy of the organisations statements
- where to access the *Mental health: statement of rights and responsibilities* (1991)*
- where to access human rights instruments/statements.*

*Information on where to access these documents is available in the guidelines for Standard 1 Rights and responsibilities.

Opportunities for carers to ask questions and to be given information are provided throughout all phases of the consumer's care.

Contact and discussion with carers should be clearly documented in the health record.

Confidentiality (Criterion 7.7)

Staff of the MHS should understand the confidentiality principles of the Mental Health Act and Commonwealth, state or territory legislation, which defines what information can be conveyed to families and other carers and under what circumstances. Documented policies and procedures should address these issues.

MHS staff need to be aware of the different attitude to information sharing in remote Indigenous communities where communal sharing of responsibilities and of information relating to individuals is the norm.

Posters in language providing the essential elements of consumer and carer legal rights ought to be placed in all MHS services, office based services, hospitals and primary health care services.

Consultation (Criteria 7.8, 7.9, 7.10)

Carers need access to information on the mental illness of the consumer, treatment options, ongoing care and rehabilitation arrangements. Any discussions with the carer about the personal aspects of the consumer's care should accord with Commonwealth and state and territory privacy legislation. The MHS primary duty of care is to the consumer and any consequences to the consumer should be considered when the consumer's consent is not provided to disclose information to the carer. The MHS should have documented policies and procedures to address these issues and staff need to have access to and training on these.

There should be evidence in the consumer's health record that information on the consumer's condition has been sought from the identified or nominated carers. Liaison with carers throughout a consumer's episode of care should be documented in the health record.

Exit information (Criteria 7.11, 7.12, 7.13)

Carers should have access to information on respite services, counselling, crisis support, education and training to maximise their wellbeing and ability to care and advocate for the consumer.

Information is available on services and support for carers including children and adolescents at:

- The Australian Government site on mental health: ↗ www.mentalhealth.gov.au
- Department of Health and Ageing website: ↗ www.health.gov.au

Posters and brochures providing information on respite services, carer respite centres, carer resource centres and carer counselling programs are prominently displayed in every facility of the MHS and made available on the MHS website and via email, fax or post upon request.

Policies and procedures should guide the MHS on how to work in partnership with carers and need to address the importance of the carer's role to the consumer, the health care provider, the MHS and in the community.

Participation (Criterion 7.14)

The organisation and delivery of MHS must occur within a framework that sensitively unites Aboriginal and Torres Strait Islander people's cultural rights, views and values and the science of human services. Knowledge of what Aboriginal and Torres Strait Islander people value and how MHS staff and carers can work with these values to achieve better services for clients will be helped by having Aboriginal and Torres Strait Islander carers participate.

Examples of how to ensure Aboriginal and Torres Strait Islander people(s) involvement as carers include providing financial and other practical assistance to:

- attend meetings
- attend interview panels
- review draft policies
- provide input at orientation programs
- participate in service planning days
- participate in de-identified reviews of complaints.

It may be necessary to liaise with communities to include Aboriginal and Torres Strait Islander carers who live in rural and remote Australia.

SUGGESTED EVIDENCE

Evidence that may be provided for this standard includes:

- rights and responsibilities information
- health record/treatment, care and recovery plan reviews
- posters and brochures
- staff training records
- policies and procedures:
 - working with carers
 - identification of carers
 - privacy and confidentiality
 - training programs
 - advocacy, including training and support, mentoring and supervision.