

## 6. NATIONALLY CONSISTENT POLICIES AND PROTOCOLS FOR THE IDENTIFICATION OF CARERS OF PEOPLE WITH A MENTAL ILLNESS

**‘Carer’, as used in this document, refers to any family member, relative or friend who provides ongoing care and support for a person with a mental illness without payment.**

### 6.1 INTRODUCTION

A number of activities at national, state and territory levels have occurred in recent years that mandate carer engagement in all levels of service delivery. These changes include the following.

- Development in some states of State-based Carers Recognition Legislation.
- Development of national Carer Recognition Legislation.
- Development of a specific Carer Standard in the revised *National Standards for Mental Health Services, 2010*.
- Revision of mental health legislation in some States and Territories to mandate identification in a variety of forms.
- Revision of the *National Mental Health Policy (2009)* and funding of the *Fourth National Mental Health Plan, an agenda for collaborative government action in mental health, 2009–2014*.
- Publication of the RANZCP Guidance Notes, *Involving Families, 2000*.
- Funding by the Australian Government of a wider range of programs for carers.

In addition, the 2007 National Mental Health Survey brought to government attention the significant size of the number of carers caring for people with mental health problems and illness. This was reinforced by data contained within the *2009 Report on the Inquiry into better support for carers, Who Carers...?*, undertaken by the House of Representatives Standing Committee on Family, Community, Housing and Youth.

Research demonstrates that better outcomes are achieved for consumers, carers and mental health clinicians by informing and engaging carers early in the planning and on-going delivery of service. It is increasingly recognised that carers play a critical role in the process of recovery and relapse prevention.

Engagement of carers to enable the implementation of legislation, policies and programs is dependent on:

- Identification of the carer by the consumer;
- Self identification as a carer; or
- Identification by a service provider.

Many different health clinicians may be involved in the care of a consumer with a mental illness. Legal, ethical, and professional codes of conduct protecting the privacy of the consumer, have previously only allowed for relevant information to be shared among other clinicians as required for the treatment and care of an individual. However, recent legislation now makes it a requirement of law that health clinicians share with carers information necessary for their role as a carer. This is a balancing act.

On most occasions, this balance of privacy and sharing information is something that should be decided by consumers. Sometimes though, service providers need to make a decision about this balance without a consumer's agreement. This especially happens when a person is too unwell to give consent for the sharing of information. It also happens when there are safety and duty of care issues involved.

**Confidentiality is NOT a reason for not identifying or engaging with carers.** Staff have contact with consumers for very limited periods of time. The people who are doing the caring for the rest of the time have a right to be treated as partners in the care process and adequately equipped to undertake this process.

The following policies and protocols have been developed to provide guidance to services across a variety of settings in relation to identification of carers. The processes are multi-layered and may change according to the service delivery setting. The partnership approach needs to be supported at the most senior levels within every service setting. Protocols need to be embedded in every day clinical practice. Structures within organisations may need to change to accommodate these practices.

**The policies and protocols aim to reinforce current training for professional staff and support clinicians and organisations to explore a more flexible approach to implementing evidence based practices that adopt a partnership approach to service delivery. This will result in improved outcomes for consumers as they undertake their recovery journey.**

## **6.2 SUGGESTED NATIONAL POLICIES FOR IDENTIFICATION OF CARERS**

**It is recommended that the following policies to identify carers be adopted on a national basis in the public and private sectors.**

- 1. Identification and participation of carers in a partnership approach will be acknowledged and respected as crucial to the facilitation of early intervention, treatment and recovery of people with a mental illness.**
- 2. Carer identification and levels of participation in ongoing care will take account of social and cultural differences and will be re-viewed with consumers and carers on a regular basis.**
- 3. Carer levels of identification and satisfaction with their engagement will form part of the regular reporting of all mental health services.**

## 6.3 GOOD PRACTICE PROTOCOLS

Research demonstrates that better outcomes are achieved for consumers, carers and mental health clinicians by informing and engaging carers early in the planning and on-going delivery of service. It is increasingly recognised that carers play a critical role in the process of recovery and relapse prevention.

**Identification is not a 'one off' process.** The relationship between consumers and carers is frequently complex, and likely to change over time. Identification and level of participation will need to be continuously re-negotiated in a positive and inclusive manner at all stages and in all settings during the diagnosis, treatment and recovery of the person with a mental illness.

### 6.3.1 General points regarding identification of carers

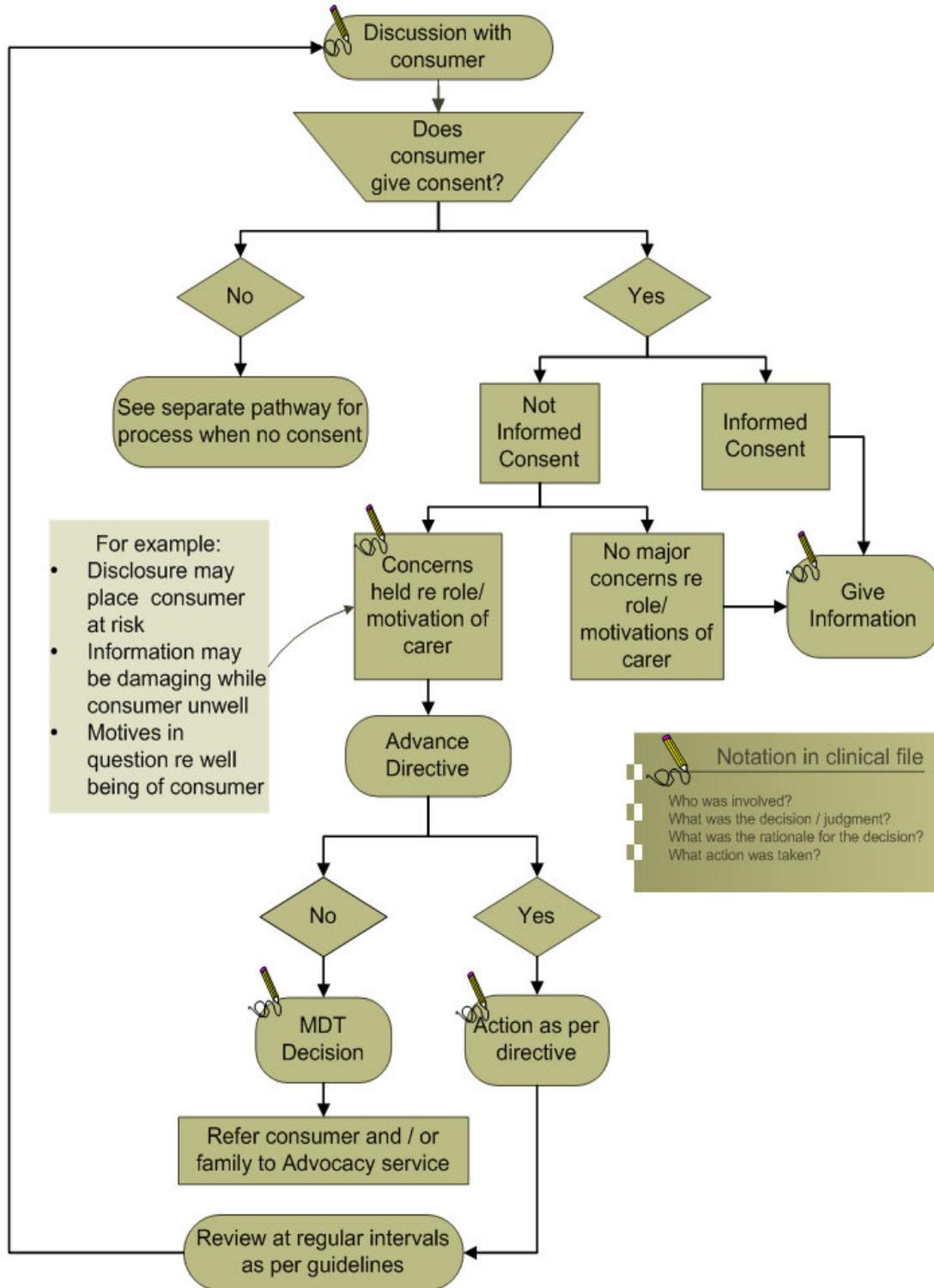
- Staff in all service settings should be trained and encouraged to avoid stereotypes. Carers come from a variety of social, financial, religious, racial and cultural backgrounds. The people they are caring for may be of any age and may or may not live with the person they are caring for.
- Carers can be young people caring for parents, brothers, sisters, parents, partners, including same sex partners, or whole communities in the case of Indigenous people. Most frequently carers define themselves by their relationship to the person with the illness rather than their role in supporting that person.
- There may be more than one carer involved with a particular person with a mental illness. Those carers may have very different needs and views. They may even be in conflict with each other.
- The main, or only, carer may not necessarily be the next of kin.
- The carer may also be receiving treatment themselves for a mental or physical illness. This, of course, does not stop them being identified as a carer and this information being communicated to other services with their permission.
- Sometimes the person with the mental illness may not be keen on their carer being identified and classified as such, for various reasons. Consumer identification of carers will remain the preferred option however staff need to be aware of their role in the implementation of carer recognition and mental health legislation.

Carers need to be seen as individuals with different problems, different needs and different ways of coping. Some groups of carers are more difficult to reach, and others have particular needs, so specific strategies to identify and engage with carers may vary according to service settings and level of consent by the consumer.

The following charts, adapted from some developed in Townsville are presented to provide guidance to clinicians in situations where consent for sharing information is given, or with-held.

## Family / Carer Participation Guidelines:

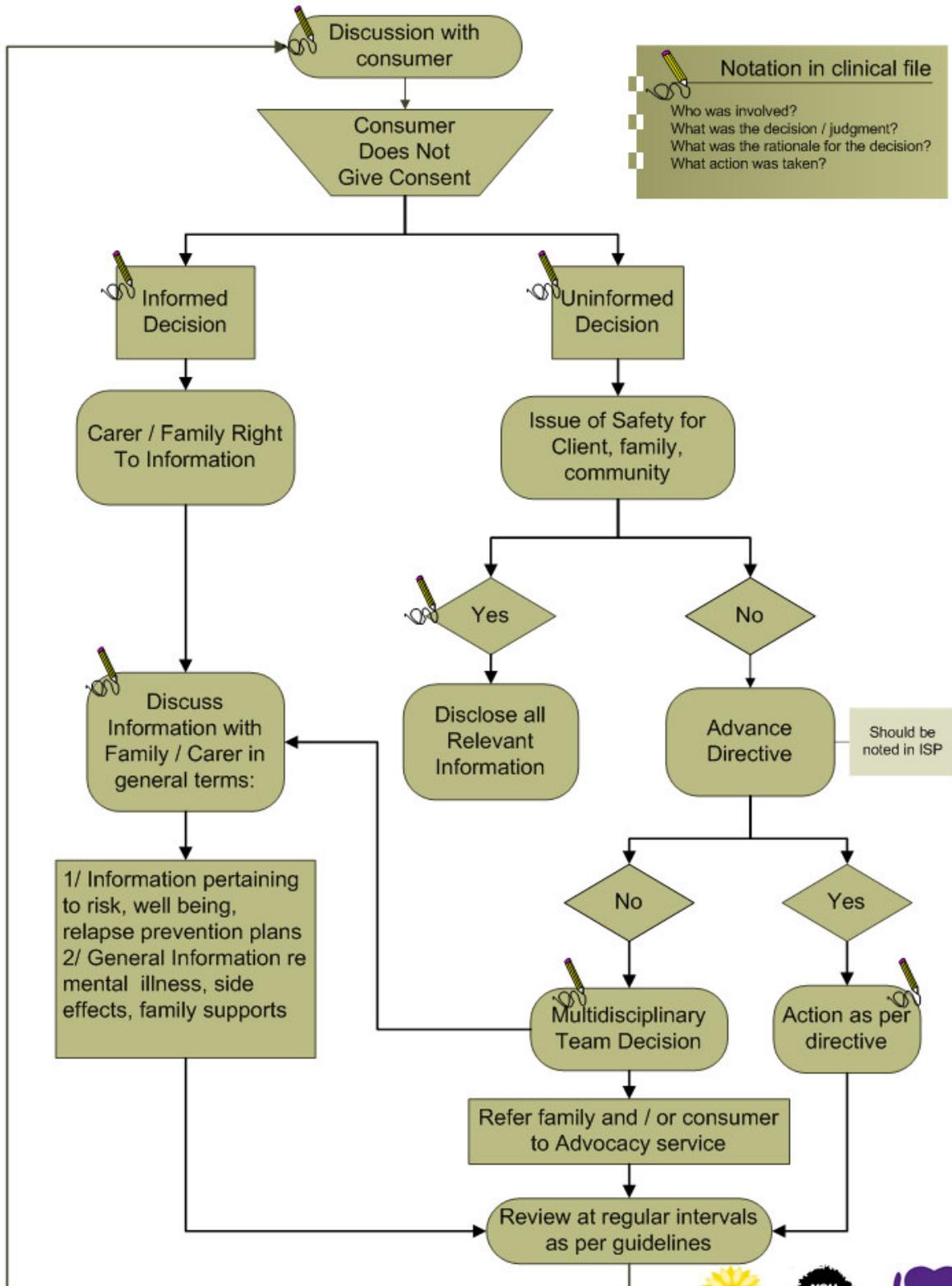
Where consent is given but concerns exist in regards carer role/motivation and/or consumer capacity)



Note: Please see Carer Standards Document for Definition of Carer/ Family Member



## Family / Carer Practice Standards Guidelines: Where the consumer does not consent to information sharing



**Notation in clinical file**

- Who was involved?
- What was the decision / judgment?
- What was the rationale for the decision?
- What action was taken?

Note: Please see Standards Document for Definition of Family / Carer Member



**Queensland Government**  
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## **6.4 GOOD PRACTICE PROTOCOLS ACCORDING TO SERVICE SETTING**

### **6.4.1 Primary care: General practitioner (GP) practices**

The primary focus of these policies and protocols is identification of carers of people with a mental illness. However information obtained from the literature search and the consultations highlighted the clear role that GPs play in the initial identification of all carers, including those who care for a person with a mental illness. Including mental health within a framework of general health, may also be less stigmatising, thus potentially leading to earlier engagement

Waiting rooms provide ideal locations for posters and pamphlets that assist people to self identify and to take responsibility for seeking further information. The information should be presented in the most appropriate format for the target audience. In Indigenous pictorial representations of the information has had some success. In other areas electronic communication may be the best medium.

The following content is suggested for a poster appropriate for display in general practice settings that would:

- Assist people to identify they are a carer;
- Acknowledge they are entitled to recognition and support;
- Provide a simple avenue through the free post or internet option to seek further information and support; and
- Provide opportunities for discussion with the GP practice.

Because these posters are not specific to mental health they avoid the stigma that some people who care for a person with a mental illness can feel.

Posters such as these could also be suitable for use in settings such as Centrelink offices, Emergency Departments, schools, libraries etc. The content could also form the basis for media ads.

**EXAMPLE FOR ILLUSTRATIVE PURPOSES ONLY – Taken from the Princess Royal Trust UK.**

**More targeted posters could also be developed for use in specialist mental health settings**



**LOGO**

**Do you provide support or assistance to someone who lives with**

- **mental illness**
- **substance abuse**
- **physical illness, or**
- **a disability**

**This means that you are a ‘carer’**

**It also means that you may be entitled to help and support**

*FREE Information Packs are available from this service.  
Complete the attached form and free post to CARERS AUSTRALIA  
Information can also be obtained from*

*[www.carersaustralia.com.au](http://www.carersaustralia.com.au)*

## Do you provide support or assistance to someone who lives with

- mental illness
- substance abuse
- physical illness, or
- a disability

### This means you are a ‘carer’.

It also means that you may be entitled to help and support.

For a FREE information pack explaining what help is available please fill in this form, fold along the dotted line, moisten along gummed edge, press edges together and free post today.

fold

fold

Your name.....

Your address .....

.....

Postcode.....Tel No.....

Being a carer can affect your health. This is why it is a good idea to let your GP practice *know* that you are a carer too. If you would like us to provide you with additional information or support, please tick the box below and sign.

Please send me information on support services that may be available  (tick box)

Would you like us to contact you to discuss your needs  (tick box)

Moisten along the gummed edge

Tear off forms could be attached to the posters such as illustrated above that would enable requests for additional information or contact to be sent via a free post option to the local office of Carers Australia who are well placed to receive and respond to enquiries. Opportunities also exist for GP practice staff to be specific points of contact for people who identify through this mechanism.

The Fourth National Mental Health Plan, 2009 states:

*Primary care plays a central role in the treatment and care of those experiencing mental health problems and mental illness. General Practitioners (GPs) are often the first point of entry to the care system. GPs are the route of access to psychologists and other appropriately trained professionals providing services through the **Better Outcomes in Mental Health Care** and **Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule** initiatives and the Mental Health Nurse Incentive Program. Their training, attitudes and knowledge of the service system positively influence peoples' experiences of care and treatment outcomes.*

GPs are particularly well placed to identify carers. Families concerned about the early warning signs and symptoms of mental health problems or mental illness are likely to see their GP as the first point of contact for information and assistance with a family member. This provides an ideal opportunity for early intervention and better support for carers.

Minimal modification of the Australian Government Initiatives to include carer identification could provide a significant impetus to identification within the primary care sector.

#### **6.4.1.1 Examples of activities that could be used in general practice include the following.**

##### **(i) The Practice Notice board**

Each practice could ensure that it displays in its general waiting/reception area at least:

- one prominent poster that:
  - asks adults to identify themselves as a Carer; and
  - offers information on the support available.
- one prominent poster that:
  - asks adult patients who have a young person helping them at home to identify themselves; and
  - offers information on the support available.

Those surgeries with an electronic means of sharing information with patients in waiting areas could run a routine message that assists people to self identify as carers, the support available and who to contact in the practice. Consideration could be given to presentation of this information in pictorial form in Indigenous Medical Centres.

## **(ii) Carer Registration Vouchers**

Each practice could ensure that it has Carer Registration 'Vouchers' available to the general public in its waiting/reception areas. These vouchers could be developed on a national basis and obtained from the Divisions of General Practice at no charge. 'Patients who are carers' reading these vouchers could then be directed to complete a voucher and return it to the receptionist at their GP practice so as to receive a Carers Information Pack. They could also be offered a FREE 'well carer health check' at a time convenient to all parties. The Medicare Benefits Schedule reforms aimed at increasing the uptake in general practice of prevention item numbers due for implementation on 1 May 2010 could be modified to encompass identified carers. The practice could also be responsible for forwarding details for information packs to the appropriate Carers Australia Office.

## **(iii) Practice Leaflet and New Patient Registration Form**

Each practice could ensure that there are relevant questions in Practice Leaflet and New Patient Registration Forms that would lead people to self identify as having a role in caring for someone else, or having someone who provides care to them. The documents should be worded in a manner so as to ensure it attracts the maximum number of 'patients who are carers' as is possible.

This could also be reinforced via the inclusion of a field in the demographic area of the electronic record system for identification of people who are providing care to another person. This will require changes to Zedmed, the clinical software currently used by GPs.

## **(iv) Consultations and home visits**

All consultations provide an opportunity for the GP/Practice Nurse to enquire as to whether or not the person they are seeing as the patient is (as well as being unwell) caring for somebody or being cared for by somebody. Consultations should also be used to establish whether there are children within the family taking an active caring role for a sick or disabled parent or sibling.

## **(v) Existing records and other known information**

Many receptionists, nurses, practice managers and GPs will already be aware of adult and child 'patients who are carers', or patients who have a carer. This information should not be wasted. Each practice could set aside dedicated time when all staff are asked to prepare a list of all patients known to them that are either 'patients who are carers' or patients who have a carer. Those patients identified as 'patients who are carers', could be sent a Carers Registration Voucher inviting them to apply for Carers Information Packs and, a FREE 'well carer health check'. Those patients identified as having a carer should also be sent a Carers Registration Voucher with a covering letter asking them to pass the voucher to their carer. The practice could be responsible for providing the packs or forwarding details for information packs to the local Carers Australia office.

#### **(vi) Medicare Cheques for Doctors and Prescription Folders**

Medicare Australia could assist with the identification of carers via the placement of messages on all benefit cheques issued that need to be paid to GPs. These messages could encourage people to speak with their GP if they provide care or support to another person.

This could occur in association with National Carers Week.

Each practice could also ensure that it works on a regular basis with local pharmacies to encourage carers to identify themselves to their GP practice by placing stickers on the folders that are used for repeat prescriptions. Stickers could be developed nationally and obtained free of charge from Divisions of GPs.

This could also coincide with National Carers Week celebrated annually in Australia.

#### **(vii) Influenza vaccination and Screening Programmes**

Regular influenza vaccination, mammogram and other routine screening programs could also provide opportunities for identification of carers through a short list of appropriately worded questions.

#### **6.4.1.2 Referral to specialist MH Care**

With consumer and carer consent, the referral letter to specialist mental health care could identify carers and the role they play in caring for the person with a mental illness. This could also include contact details and a request for continued involvement by the mental health service with the identified carers. This would be facilitated by the addition of a 'carer' field to referral letter templates in GP electronic data bases.

#### **6.4.1.3 Incentives**

The RACGP is currently reviewing practice standards. A submission has been made by the Private Mental Health Consumer Carer Network (Australia) for this review to examine mechanisms to ensure revised standards include the identification and support of carers.

Negotiations could also occur with accreditation bodies to have them consider the allocation of accreditation points to practices that demonstrate they have implemented 'carer friendly practices'.

These activities could be further supported by planned changes outlined in the Fourth National Mental Health Plan (2009-2014) for partnerships with other government areas of responsibility.

The Peer Support and Mentoring Programs funded by the Australian Government through FaHCSIA already appear to be identifying carers as key to providing comprehensive services for people with mental illness.

#### **6.4.1.4 Suggested national protocols for identification of carers in primary care settings**

It is recommended that:

- 1. The following protocols to identify carers are discussed with the Royal Australian College of General Practitioners for consideration during the 2010 review of the Standards.**
  - **Provision of general information encouraging self-identification on electronic and paper notice boards including posters and leaflets.**
  - **New Patient Forms to identify carers.**
  - **Utilise normal practice appointment consultations.**
  - **Practice newsletters to feature articles regarding carers.**
  - **Utilise patients' personal health checks to identify if they undertake care for another person.**
  - **Have a named member of staff responsible for maintaining the practice's procedure for identification of carers – a carer specialist or champion.**
- 2. Medicare Australia is asked to consider the placement of messages to assist with the identification of carers on benefit cheques issued during Carers Week held annually in Australia.**
- 3. Pharmacists are asked to consider the placement of messages to assist with the identification of carers on all folders containing repeat prescriptions during Carers Week held annually in Australia.**

#### **6.4.2 ASSESSMENT SERVICES – PUBLIC and PRIVATE**

Initial contact with a specialist mental health service may come about through a variety of mechanisms including:

- Referral from the GP;
- Presentation to an Emergency Department of a local hospital;
- Contact with a mental health crisis team;
- Referral to a private psychiatrist; and
- Police intervention.

All mechanisms provide potential opportunities for identification of carers.

Many Emergency Departments have introduced specific responses to concerns regarding the appropriateness of this environment to manage people who are

distressed and agitated, however to date little has been done to use this as an opportunity to identify carers.

It is not unusual for people referred, or being brought to an Emergency Department to be accompanied by family members or friends. This provides an ideal opportunity for identification of carers and initiation of a partnership approach to the care of the person with mental illness.

For other people their first point of contact may be with a specialist mental health crisis team or the police. The contact seeking assistance is generally made by a relative or friend of the person with the mental illness. This also provides an opportunity for identification of carers.

Alternatively, many people are accompanied by family or friends at their first presentation to a private psychiatrist. The family /friends will generally wait in a waiting room during the appointment. The completion of the new patient information form, the initial interview itself and the time spent in the waiting room all provide opportunities for identification of carers. It also provides an opportunity for practice staff to engage with carers and to provide them with a carer information pack. Practices may consider the establishment of 'carer corners', places where coffee and additional resources could be available, including information regarding support groups.

#### **6.4.2.1 Suggested national protocols for identification of carers in assessment settings**

**It is recommended that the following protocols to identify carers during assessment processes are distributed widely to public and private sectors for feedback regarding the feasibility of introduction on a progressive basis.**

- **Generic information encouraging self identification by carers to be provided in waiting areas on electronic and paper notice boards including posters and leaflets.**
- **New patient questionnaire data systems to be expanded to include carer identification by a series of questions phrased in a positive manner designed to encourage consumers to recognise who their carers are and the importance of their ongoing contribution.**
- **Triage processes to ask appropriately worded questions emphasising the positive aspects of family/carer participation in all aspects of care.**
- **Interviewing doctor/nurse to ask appropriately worded questions to determine identification of carers and their level of involvement.**
- **A specific member of staff to be allocated responsibility for maintaining procedures for identification of carers – a carer specialist or champion.**
- **Information packs to be provided for both consumers and carers that include rationale and encouragement for identification of carers.**
- **'Carer corners' be established in waiting rooms.**

### **6.4.3 FORMAL ADMISSION TO A SERVICE**

The paperwork associated with the formal admission of a person with a mental illness to a public or private mental health service also provides an opportunity for identification of carers.

The use of colour coded forms requesting permission from the consumer to identify carers could be sought via a structured set of questions. This form needs to be regularly updated and form an integral part of each admission, or re-admission procedure.

**It is important to note that it may not be possible to complete this component immediately upon admission. In fact, it may be desirable to complete the form later once the consumer has had a chance to develop a relationship with staff.**

**Completion and review of this form should be an ongoing process that is used as the basis of discussion between all parties. The form should highlight the benefits of involvement of a wider range of people in the care and support of the consumer and seek to clarify the level of involvement that the consumer feels comfortable with each person having. These levels may change over time.**

Consumers should be encouraged to inform nursing staff if they would like to change any of this information during their admission. This form should remain in the case notes and be up-dated on every admission. An audit process is considered crucial to changing practice over time.

**Services should be mandated to provide the following information to carers at the admission stage.**

- Welcome message, we are here to help, outline of the processes to be followed, including options for a follow up call from a designated person within the service to answer immediate concerns.
- Confidentiality – explanation of legislative requirements and re-assurance regarding options if the consumer is currently refusing in-depth involvement.
- Information to assist with diagnosis and development of a treatment plan.
- Contact numbers for the hospital and ward.
- Legislative status of the consumer – what this means.
- Rights and responsibilities of carers.
- Complaints process.
- Referral options to appropriate support services to assist them to understand their role.

**At this stage the information provided should be specific to the individual needs of the consumer and his/her family or other carers. It should be**

practically based with clear guidelines for the ongoing management of the mental health issues.

#### **6.4.3.1 Suggested national protocols for identification of carers during formal admission to a public or private service**

It is recommended that the following protocols, to identify carers during formal admission to a specialist mental health service, are distributed widely to public and private sector services for feedback regarding the feasibility of introduction on a progressive basis.

- **Generic information encouraging self identification by carers is provided in waiting areas on electronic and paper notice boards including posters and leaflets.**
- **Colour coded forms inviting consumers to identify carers and nominate the level of involvement be included in all admission procedures. Forms to be completed as soon as practicable and audited on a regular basis.**
- **In circumstances where a consumer refuses to identify their carer(s), the mental health service will review this status at regular intervals during the episode of care in accordance with Australian and State/Territory jurisdictional and legislative requirements.**
- **A specific member of staff to be allocated responsibility for maintaining procedures for identification of carers – a carer specialist or champion. This may be a carer consultant/liaison officer/family support worker with the following responsibilities:**
  - **Staff support and training;**
  - **Liaison point between staff, consumers and carers, e.g. assistance with completion of admission protocols regarding identification of carers; advocacy for individual carers with staff/services;**
  - **Information and linkage to alternative options for information and support for carers such as referral to carer support organisations;**
  - **Provision of carer specific perspectives to staff meetings;**
  - **Assistance with carer assessments; and**
  - **Specific point of contact following discharge for carers.**
- **Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services and, in particular, Standard 7 relating to the identification and participation of carers at all areas in service delivery.**
- **Consumer information packs to include a rationale and encouragement for identification of carers, including the identification of children who are carers.**

- **Services to report on the provision of information packs to carers.**
- **Staff to receive ‘carer sensitivity’ and skills development training.**

#### **6.4.4 DISCHARGE PROCESS**

Decisions and discussions regarding discharge need to focus on practical issues regarding availability of ongoing care and support, accommodation, future appointments and linkages to other services. This discussion presents a further opportunity to identify carers and to emphasise to consumers the importance of continued support for their recovery.

When undertaking these discussions staff need to be aware that carers may not view themselves as carers, but as partners, parents, sons, daughters etc. It may even be that young children will be taking on the role of carer. If this is the case, special provisions may need to be made including the development of Ulysses Agreements. Ulysses Agreements are a type of Advance Directive developed specifically for use in situations where young children are either cared for, or carers of, a person with a mental illness.

It is important that carers feel fully involved at all stages of care, including the decision to discharge the consumer. This is a process of handing over care and carers are critical partners in this process. Time should be allowed for carers to make choices about:

- Taking on, or continuing to fulfil the role of carer; and
- How much and what type of care they are prepared to provide taking into consideration family and caring commitments, their health, work, education and social activities.

**Some people feel they have no choice in this matter even when their personal and physical resources have been exhausted, where they are afraid of the consumer, or where the consumer continues to refuse to acknowledge the role they play. This is an untenable situation for carers who self identify, and the National Standards for Mental Health Services and Carer Recognition Legislation now require services to listen to concerns and refer for support to meet the needs identified.**

As part of the discharge process/referral back to a GP, or community service it is also essential that carers have sufficient information to undertake their role following discharge. The Information pack developed as part of this project covers most situations they are likely to encounter. It is also important for them to have information regarding the specific diagnosis, if one has been made, and the medication prescribed, including possible side effects. The name and phone number for a person for them to contact if they are concerned is essential.

##### **6.4.4.1 Suggested national protocols for identification of carers during discharge processes.**

**It is recommended that the following protocols to identify carers during formal discharge processes from specialist mental health services are distributed**

widely to public and private sector services for feedback regarding the feasibility of introduction on a progressive basis.

- **Generic information encouraging self identification by carers is provided in waiting areas on electronic and paper notice boards including posters and leaflets.**
- **Colour coded forms requesting consumers to identify carers and the level of involvement they want them to have be checked for completion.**
- **Ensure carers have personalised information packs including:**
  - **Diagnosis;**
  - **Medication – dosage, purpose and possible side effects;**
  - **This is what you can expect;**
  - **Who to contact to discuss concerns; and**
  - **What supports are available to you locally, eg your GP, Carers Australia, ARAFMI.**
- **Encourage the routine identification of carers, including children, in the development of relapse prevention plans emphasising the benefits of information sharing and support.**
- **A specific member of staff be allocated responsibility for maintaining the Service’s procedure for identification of carers and support.**
- **Ensure accreditation and reporting systems incorporate the National Standards for Mental Health Services and in particular Standard 7 relating to the identification and participation of carers at all areas in service delivery.**
- **Discharge letters, with the permission of the consumer and the carer, to identify carers, their willingness to continue in this role and an outline of potential support required.**
- **Services to undertake regular satisfaction surveys regarding their level of engagement with carers.**

#### **6.4.5 ONGOING COMMUNITY AND PRIVATE PSYCHIATRY CONTACT**

The majority of mental health services are delivered in a community setting by mental health professionals, GPs, psychologists and psychiatrists in both public and private settings. Each contact potentially provides an opportunity for discussion with consumers at a time when they are not acutely ill to identify who provides support to them and to seek permission for these people to be actively involved in future care.

This discussion needs to involve consumers, carers, case managers and clinicians including private psychiatrists. The majority of people with an ongoing mental illness

know they need to have varying levels of support at different stages of their illness. This should be recorded in the notes and updated on a regular basis. This is particularly important when the caring role has been taken on by children.

The development of Relapse Prevention Plans, Advance Directives for Care and Ulysses Agreements are formal processes that could be used to specifically identify carers. It is acknowledged that mental Health Legislation can over-ride these Plans/Directives/Agreements during any future acute episodes of the illness however it is hoped they will have increasing influence on the nature of the care provided.

#### **6.4.5.1 Suggested national protocols for identification of carers in continuing care settings.**

**It is recommended that the following protocols to identify carers in continuing care specialist mental health settings are distributed widely to public and private sector services for feedback regarding the feasibility of introduction on a progressive basis.**

- **Relapse prevention plans to emphasise the benefits of information sharing and support and contain a specific component for identification of carers. Carers also need to give permission for their names and contact numbers to be included in the Plan.**
- **Encourage the identification of carers in the development of Advanced Directives.**
- **Ensure the development of Ulysses Agreements in situations where children are carers.**

#### **6.4.6 CHANGE IN CLINICAL PRACTICE**

Change will take time and requires:

- Modification of structures and cultures to support changes in practice;
- Individual and system rewards for making these changes, eg accreditation points for general practices, continuing education points for clinicians, successful surveys for service accreditation; and
- Appointment of adequately remunerated and supported Carer Consultants/Liaison Officers/family support workers in all health services as equal team members to support partnership approaches to service delivery and to act as catalysts for change in practice.

**It is recommended that the following good practice checklist to identify carers during all stages of care is distributed widely to public and private sector mental health services and the RACGP for feedback regarding the feasibility of introduction on a progressive basis.**

# CARER IDENTIFICATION AND ENGAGEMENT

## A GOOD PRACTICE CHECKLIST FOR STAFF

### Choice

Allow carers time to make choices about:

- Taking on the role of carer;
- Whether to continue caring; and
- How much and what type of care, taking into consideration family and caring commitments, health, work education, social activities

### Identification

- Throughout the service admission and discharge process and at the earliest opportunity, ensure there are triggers in place to identify carers.
- Be aware that carers may not view themselves as carers but as partners, parents, sons, daughters, etc.

### Information

Actively seek permission from consumer to share information with the carer and provide carers with information about the following.

- Discharge plan in writing and verbally.
- Medical condition of consumer.
- What is likely to be involved in caring
- Benefits.
- Financial implications of caring.
- Other sources of help and other organisations, such as *Carers Australia* and self help groups.
- Access to interpreters to enable effective understanding and communication.
- Challenging decisions and complaints procedures.

### Assessment

- Involve carers in assessments, including those carried out by allied mental health professionals' and community nurses.

### Planning for future service delivery

- Ensure carers feel fully involved at all stages of service delivery including the decision to discharge the person and making sure practical arrangements are in place
- View carers as partners, respect and listen to their views – longer term carers are likely to have considerable expertise and skill in how to care for the consumer
- Acknowledge carers' individual needs, consider cultural differences, age, race, disability, health, religious background, sexual orientation, gender assumptions, geography
- Ensure carers have been involved in drawing up, monitoring and reviewing policy and its implementation
- Develop different types of consultation procedures

### Support

- Be flexible: provide services that carers want, when they want them
- Ensure practical help is in place prior to discharge
- Offer information on how to care safely: eg administering medications, dealing with difficult behaviour
- Improve co-ordination between health and *Centrelink* and other government agencies to ensure carers receive a seamless service
- Refer carers to support groups

### Monitoring

Find out whether carers' outcomes were met by the service delivery process.

Methods of carrying this out could include:

- Carer satisfaction surveys;
- Audits of discharge documentation provided to carers;
- Carer outcome measures; and
- Review policies regularly in consultation with carer consultants, *Carers Australia*, *ARAFMI* etc.