

Standard 6.

Consumers

Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.

NOTE: The consumer standard is not assessable, as it contains criteria that are all assessable within the other standards.

GUIDELINES

The consumer standard is not assessable, as it contains criteria that can be assessed within the other standards. These criteria are gathered under one standard to ensure that all these elements are examined together.

Treatment of consumers (Criteria 6.1, 6.2)

Consumers of MHS have the right to be treated with the respect and dignity equal to any human. Wherever possible, consumers should be able to access a staff member of their own gender if required.

Under some circumstances consumers may be subject to the provisions of mental health and related legislation, or have a legal guardian authorised to make a decision on their behalf, which compels the consumer to receive treatment. Services provided must be consistent with the relevant legislation.

The MHS should work within a framework that supports emotional health and wellbeing. Statements of consumer rights and responsibilities should be adapted to meet local conditions. All cultural training programs emphasise the importance of history and the ongoing nature of issues of power and exploitation and sensitivity to further abuse.

Consumers rights and responsibilities (Criteria 6.3, 6.4)

The consumer statement of Rights and Responsibilities, provided on admission to the MHS and later at regular intervals, should include statements on the following:

- the consumers safety and wellbeing is upheld by the MHS
- consumers have the right to privacy and confidentiality
- consumers have the right to seek other opinions regarding their care, assessment and treatment
- relationships between consumers, carers, family and friends are respected and honoured

- consumers work in partnership with service providers
- the language and cultural needs of consumers are addressed
- consumers complaints and grievances are addressed without compromising the service provided to them
- consumers have responsibility for maintaining their own health and welfare
- consumers should respect the rights of others
- consumers should respect staff and treat them with dignity and respect
- consumers should be involved in their treatment, care and recovery plan.

Education about rights and responsibilities should occur at admission and continue until the consumer's mental state allows comprehension of the information. Discussion about the rights and responsibilities, choice of treatment and the treatment, care and recovery plan, should be clearly documented in the consumer's health record.

The MHS can assist a consumer to understand the information on their care by offering the following:

- use of interpreters
- use of cultural guides
- providing opportunities to ask questions
- use of consumer advocates
- involvement of family and community where appropriate.

The MHS should have policies and procedures for offering appropriate support to consumers, their families, staff and visitors immediately following a critical incident.

Relationships (Criterion 6.5)

Any existing relationships with carers and their capacity and willingness should be the key considerations when determining the most appropriate treatment and support for consumers. Individual consumer needs should be taken into account to determine the least restrictive environment for them. The environment should enable effective treatment to occur, while ensuring safety and protection of other consumers, staff, visitors and members of the public.

Identification of clinician (Criterion 6.6)

The clinician involved in the consumer's initial contact with the service coordinates assessment, treatment and support or a smooth transition to another service or clinician if appropriate. This position could be called a case manager, care coordinator or key worker.

Partnerships (Criterion 6.7)

Each consumer participates fully in developing their individual treatment, care and recovery plan and in the evaluating outcomes to ensure that goals are achieved. A copy of the treatment, care and recovery plan is given to the consumer wherever possible. It may be essential to involve community and family members when developing plans for ATSI people.

Informed consent (Criterion 6.8)

The MHS obtains consent to care by providing information about the choices of services and treatment available and ensuring that this information is understood. The service should support consumers to make informed choices.

Care plans (Criterion 6.9)

Each consumer should have an individual comprehensive treatment, care and recovery plan based on the consumer's assessment and developed by the interdisciplinary team with the consumer and their nominated carer.

Access to information (Criterion 6.10)

Consumers should have access to information on the mental illness, treatment options, risks and benefits, effects and side-effects and ongoing care and rehabilitation arrangements. This information should be discussed with consumers by an appropriate member of the care team, and evidence of the discussion recorded in the health record.

Right to involve (Criterion 6.11)

Consumers have the right to nominate who is involved in their treatment, care and recovery planning. This does not just include carers and family members. It can mean the right to choose which staff or service providers are involved where this does not impose a risk to the consumer, carer or MHS staff.

Exit plans (Criterion 6.12)

The consumers' exit plan should include details of:

- a nominated health care provider such as a general practitioner or private psychiatrist
- shared care arrangements with general practitioners, private psychiatrists and non-government organisations, if applicable
- the earliest possible involvement of the consumer's nominated service provider and arrangements for ongoing follow-up
- community resources likely to be required
- other people likely to be involved

- other details identified by the consumer or carers
- the preferred method of evaluating the outcomes for the consumer
- a plan for identifying early warning signs of relapse
- how to re-enter the MHS
- a clear point of contact in the MHS regarding the most recent episode of treatment or support.

The MHS should assist consumers and their carers in identifying early warning signs of relapse. Symptoms of pending relapse and an accompanying relapse management plan should be included in the exit plan.

Continuity of care (Criterion 6.13)

Arrangements for follow-up should be planned and in place before consumers leave the service and these arrangements should be documented in the individual health record.

The consumer is given formal introductions to various community agencies where necessary. Community based agencies and programs may include education providers, community recreation programs, paid or voluntary work, supported or other employment and consumer run support services.

Consumer records (Criteria 6.14, 6.15)

Consumers are provided with information about how to access their own health records. This should include information on who can access records on the consumers' behalf in accordance with relevant legislation. Consumer information sheets on privacy legislation are available from

➤ <http://www.privacy.gov.au>.

Contact (Criterion 6.16)

Adequate meeting areas, flexible visiting times and access to family and friends all contribute to making it easier for the consumer to maintain contact.

Service planning (Criteria 6.17, 6.18)

The MHS needs to use methods that are appropriate to their individual service to engage consumers and carers in all areas of service planning, delivery, evaluation and quality assurance activities.

Providing training will maximise consumer participation in the MHS.