Contents

1D Obtain consent from the person according to organisation policy and procedure

Mental health workers have an ethical obligation to ensure that consumers understand the services and supports to be provided. This may include using problem-solving skills to facilitate understanding when there are barriers such as illness symptoms or medication side-effects. Workers must also ensure they obtain informed consent from consumers before commencing support activities. Informed consent is a legal concept that mental health workers have a professional obligation to understand and apply.

Right to informed consent

There are ethical and legal reasons for involving a person in your care in decisions about the support services they receive, and for gaining consent before any type of care is given. Only a mentally competent person over the age of 18 years can give legal or valid consent. This requirement upholds people's rights to self-determination and to make choices about their lives.

Consent must be given voluntarily, must be informed (they need to be aware of what they are consenting to and understand the risks involved), and must be specific to the activity involved. Consent can be given verbally or in writing, or it may be implied. In some cases, a person may need the participation of an advocate or guardian to ensure that they provide informed consent.

The types of consent you can obtain are described below.

Types of consent
Verbal consent Verbal consent means the person requests that they want a service or agree to one being implemented.
Written consent Written consent means the person signs forms requesting or agreeing to the provision of a service.
Implied consent Implied consent means that consent is assumed in certain circumstances, such as the person's presence at a medical appointment.
Supported consent Supported consent means the person may need the support of an advocate or guardian to help determine the appropriate service.

lead to a cycle that may result in repeated relapses, suicidal thoughts or attempts, hospitalisation and homelessness. People with mental health needs may experience a range of internal barriers.

People with mental health needs may:

▶ feel that they don't have the same rights as others

▶ feel different and ashamed

▶ blame themselves for their situation

▶ feel embarrassed to ask for help from family, friends or health professionals

▶ become less confident of their ability to control and direct their lives

▶ give up believing that they can be well

▶ expect to be rejected and treated disrespectfully

▶ give up trying to get a job or somewhere decent to live

▶ be less likely to seek the treatment they need.

Systemic issues and barriers

Systemic barriers result from a lack of appropriate services for people with mental health needs and lack of appropriate training and responses from mental health workers. For example, workers may perpetuate the belief that people with mental health needs can't recover, or they may tell someone they should not try to study because they probably won't be able to cope.

Here are some of the systemic issues and barriers faced by people with mental health needs.

Lack of access to accommodation and employment

Many people with mental health needs live with extreme hardship because of a lack of opportunities and/or services to help them obtain work and suitable accommodation. Many live on disability pensions, continually struggle financially and may have inadequate accommodation. Lack of access to jobs or other earning opportunities entrenches poverty and causes stress that may exacerbate mental health needs.

Lack of appropriate government policies

When widespread stigma exists against a marginalised group of people, governments and policy-makers can more easily ignore their needs. For example, the high incidence of homelessness among people with mental health needs is not an issue that many people are aware of or are concerned about, so it isn't a high enough priority for government to develop policies and spend money to address the issue.

Other systemic issues that affect people with mental illnesses

▶ Lack of coordinated government services to cater for people with mental health needs

▶ Lack of resources and staff to develop appropriate services for people with mental illnesses

▶ Lack of affordable and safe housing

▶ Lack of services to treat people with mental health needs and substance misuse problems

▶ Belief among health professionals that people with mental health needs cannot recover

PATH

PATH (planning alternative tomorrows with hope) is a process where consumers are encouraged to develop reflective and action-based skills to help improve their wellbeing.

Here is a short outline of the PATH process. This process helps individuals identify their goals and specific actions that are required to achieve their goals. It sets out the path of action the consumer needs to take to realise their goals.

The PATH process

1

Self-reflecting
Ask the consumer to reflect on their current situation:
▶ What do they do?
▶ Who do they do it with?
▶ How does it make them feel?

2

Brainstorming
Ask the consumer to brainstorm what their perfect world would be like:
▶ What would they be doing?
▶ Who would they be with?
▶ Where would they be?
▶ How would they be feeling?

3

Considering actions
Ask the consumer to consider what they need to do to achieve their goals:
▶ Do they need to increase their skills?
▶ Do they need to change their behaviour?
▶ Do they need to improve their knowledge?

4

Considering resources
Ask the consumer to consider what they need to achieve their goals:
▶ What physical resources do they need?
▶ What human resources do they need?

5

Short-term goal-setting
What will they do in the short term to achieve their goal?

6

Medium-term goal-setting
What will they do in the medium term to achieve their goal?

7

Long-term goal-setting
What will they do in the long term to achieve their goal?

Some of the resources that the person accessing services may require include the support of others, time, money, transport, physical resources or self-confidence. It is your job to help the consumer work out what is needed and how they might go about acquiring these resources. Here is more information about some of the resources that people may need to meet these goals.

The support of others

Other people who can help with goal achievement include the individual's friends and family members, workers, allied health workers and other professionals.

Time

Individuals may need support managing their time. Mental health needs can impair a person's ability to manage and use their time effectively.

Transport

Some goals may require travel to recreational groups or to specialists. The lack of a car, money for petrol, a driver's licence or reliable public transport can make it hard for some people to achieve their goals.

Money/physical resources

There are many support services available at no cost but other services may require a small or full contribution, which the consumer may not be able to afford. Funding may be available from the relevant department of human services in your state or territory, Centrelink or the Department of Veteran's Affairs. The availability of funding will depend on what the money will be used for and whether the consumer meets eligibility criteria.

Similarly, if a person needs physical resources, perhaps they can be donated, hired, or bought at a discount.

Education/training

While some goals may require formal training to achieve, such as undertaking formal education at a school or university, other goals may require informal skills-development such as developing better self-esteem or developing financial-management skills. You can help people to identify gaps in their skills and help them access appropriate formal or informal training.

Identify strategies needed to meet goals

The strategies selected to achieve an individual's goals will vary depending on their goals and circumstances. For example, the strategies used by a person planning to leave an abusive relationship will be quite different from the strategies used by a person who wants to quit smoking.

Some consumers will have similar goals, but will use different strategies. For example, to meet the goal of quitting smoking, a person could choose several strategies, such as using hypnotherapy, using nicotine patches or going cold turkey.

2F Develop and document personal wellness plans, risk plans or other plans to meet the person's priorities

When collaboration with a person with mental health needs has led to an identification of the person's self-defined goals, workers can begin to develop and document a formal plan for personal wellness or recovery. A recovery plan is an important document that assists consumers and mental health workers to plan, implement and review progress towards recovery. It is developed by the individual, their case manager and other people the individual wants involved such as family and/or carers. It provides focus for care by providing information about the services and activities that can contribute to recovery. These plans have a variety of titles and may also be known as care plans or individual program plans (IPPs).

Documenting a plan facilitates service delivery or activities such as:

▶ skills development, training and/or education

▶ social, psychological or financial support and advice

▶ strategies to overcome barriers and maintain independence

▶ finding and keeping a job

▶ managing daily living tasks

▶ advice and guidance to manage symptoms, health and wellbeing.

Develop and document plans according to person's priorities

The basis of any recovery plan is the individual's definition of personal wellness and recovery and their self-defined goals. All plans must be developed according to these individualised elements and designed according to each person's priorities. They are designed to provide a structure to implement, monitor and review the person's recovery journey. For example, if a person's goals include finding a job and a new place to live, their choices about which goal is most important to them at that time must dictate the outline of their plan. You might think it would be better to find a new job and then move, but the person might decide that a new living environment is a more urgent concern for them.

The type of plan that you develop in collaboration with the person (and any relevant others, with the person's permission) will vary, depending on the person's needs, goals and circumstances and your job role. An overall recovery plan, care plan or IPP might include several plans that target and track specific activities or goals, such as personal wellness plans and risk plans.

3. Why is documenting timelines for action an important aspect of recovery planning?

....

....

....

4. What does a code of practice provide to mental health workers?

....

....

....

Click to complete Practice task 15

Summary

1. There are many types of planning options and tools that you can provide people as part of the collaborative process for planning recovery and transition. Although individuals may participate at different levels of collaboration according to their needs and circumstances, collaboration is a best-practice framework goal.

2. Each person is the expert in their own lives and needs to be respected at all times. Many people find communication difficult, so develop and use your communication skills to support people's collaboration in recovery planning.

3. Discuss people's choices and confirm them with the person in the context of their own values, meaning and purpose in life. Everyone needs to define their own idea of personal wellbeing and you can support people by facilitating their self-efficacy.

4. Collaborate with the person to identify strategies and priorities to achieve their goals. This may involve developing self-advocacy strategies and transitioning beyond the service.

5. Identifying possible barriers and risks involved in reaching a person's defined goals helps them to access appropriate supports and make informed decisions.

6. Personal recovery, wellness and/or risk plans should be developed and documented according the person's priorities, needs and goals and following your workplace's policies, procedures and templates. Documenting the plan allows you to collaborate with the person in monitoring their progress and making changes to the plan as needed.

7. Duty of care and dignity of risk must be balanced in supporting people's recovery. Providing people with information, options and supporting them to make choices fosters the ability to self-assess levels of risk and to make considered choices to further their recovery goals.

8. An effective recovery plan involves clearly defined and documented roles and responsibilities, and documented timelines for action.

Lack of exercise

The potential consequences of having a sedentary lifestyle include:

▶ increased likelihood of type 2 diabetes, cardiovascular disease and certain types of cancers

▶ mood disorders may be exacerbated

▶ increased risk of loss of bone mass and muscle mass.

Smoking

The potential consequences of smoking include:

▶ increased likelihood of type 2 diabetes, cardiovascular disease and certain types of cancers

▶ mood disorders may be exacerbated.

Illicit drug use

The potential consequences of illicit drug use include:

▶ legal consequences

▶ mood disorders and other forms of mental health needs may be exacerbated.

Unsafe sex

The potential consequences of engaging in unsafe sex include:

▶ exposure to HIV, human papillomavirus (HPV) and other sexually transmitted infections

▶ unplanned pregnancy.

Excessive drinking

The potential consequences of drinking excessively include:

▶ increased risk of cardiovascular disease, certain types of cancer and alcohol-related dementia

▶ increased likelihood of risky behaviours such as driving under the influence and having unplanned sexual encounters.

Unsafe accommodation

The potential consequences of not having a stable place to live include:

▶ increased risk of being a victim of violence

▶ difficulty accessing appropriate care and support.

Lack of support network

The potential consequences of not building and maintaining a support network include:

▶ increased risk of depression, cardiovascular disease and types of cancer

▶ reduced quality of life.

3D Support the person's decision-making and self-advocacy

Participatory models of consumer service delivery put the individual at the centre of all decision-making. Individuals have the right to make decisions about the care they receive, should be informed about all the options available to them and all efforts must be made to help the consumer to understand the strengths and benefits of various options.

Aside from the legal obligations involved, it is current best practice to involve consumers in decision-making. A sense of autonomy or control over one's life is essential to good mental health and workers must support people's ability to self-advocate and make their own decisions.

Choice and empowerment

Having choices is a basic human right. Choices are only available if the consumer is presented with all available options. A support worker who makes a choice on behalf of a consumer without consulting them, their family members, significant other or advocate risks choosing an inappropriate service and contravenes the person's human rights.

Involving the consumer in the planning process empowers them to make choices about activities that affect their quality of life and gives them a sense of control over their own lives. Feeling in control and believing you have the ability to make choices contribute to positive mental health.

Information should be provided both verbally and in writing. Giving information verbally provides the support worker with a chance to build and maintain rapport with the consumer. This rapport is essential to a positive relationship. However, all discussions should be noted to keep track of interactions with the consumer.

A written letter or email can be used to reinforce the information shared during face-to-face conversations and acts as a reference for both the support worker and the consumer. It should contain details about what has been organised, how the consumer will attend, who will be involved and all relevant contact details.

Make information accessible

When information is given to the consumer by phone or in person, make sure the consumer can hear, understand and remember what they're told.

Make information accessible by:

▶ speaking clearly

▶ using plain language

▶ explaining jargon when the use of jargon cannot be avoided

Here are some of the ways that you can encourage people's resilience.

Provide information

Ensure that mental health consumers and families and/or carers have factual information about mental health needs and about strategies for coping and fostering wellbeing. It is important to encourage both consumers and carers to believe that recovery is possible.

Foster hope for recovery

Foster hope by providing carers and consumers with information brochures and references to books and websites that demonstrate that many people do recover. When people feel there is hope for their recovery and they have role models that demonstrate this, they are more likely to be able to deal with setbacks and barriers to achieve their goal. Hope fosters resilience. Without hope, they may become defeated and overwhelmed by their symptoms and diagnosis.

Create connections

Endeavour to link people to recovery programs and to consumer workers who can share their own experiences of overcoming barriers.

Assess goals and risks

Set realistic but challenging goals and take positive risks; if goals are easily achieved, the consumer will not gain a great deal of satisfaction. On the other hand, if the goals are too hard, the consumer is setting themselves up for failure.

Failure is okay

Let the person know that it is all right to fail. Provide them with examples of people who experienced great failure before achieving great things. Encourage consumers to consider what they have learnt from unsuccessful attempts at achieving their goals. Mistakes are a great way to learn.

Recognise resilience

Recognise and extend people's resilience, or the ability to bounce back when things go wrong. A strong sense of self, assertiveness, good physical health, strong social networks and engagement with the community are just some of the factors that increase resilience.

Express your respect

Express your respect for people's resilience and help them identify that they already possess this skill and help them extend it. Make sure that families and/or carers are also recognised and valued for their resilience.

Coping skills

Another way to extend people's resilience is to specifically build coping skills. Some people are reluctant to discuss difficulties they experience, and can be reluctant to take positive risks because they perceive difficulties as personal failures and there are

Topic 4

In this topic you will learn how to:

4A Determine with the person who else to involve in their recovery process and the roles they will play

4B Obtain specific and informed consent

4C Identify the information and support needs of family and/or carers and friends

4D Build an effective working relationship with members of the care network

4E Provide clear information to members of the care network

4F Communicate respectfully and work from a strengths-based approach with the care network

4G Facilitate support, training or services to family and/or carers and friends

Develop and maintain effective working relationships with care support network

Strong family bonds and supportive care networks can greatly ease a person's recovery journey. When people with mental health needs choose to involve family members and/or carers as collaborators in their recovery journey, you can facilitate this process to ensure that these stakeholders participate and are supported in their needs also.

Siblings may be particularly affected by the diagnosis of a brother or sister. They are likely to experience:

▶ confusion

▶ embarrassment

▶ resentment

▶ fear of developing mental health needs themselves.

For more information on the impact of mental health needs on families and carers, visit the SANE Australia website:

▶ www.sane.org/families-carers.

Coming to terms with the diagnosis

Families and carers who have little knowledge of mental health needs find it harder to cope than those who are better informed. They may have little understanding of what constitutes mental health needs beyond what is commonly portrayed in the media. Media portrayals of mental health needs focus on the most limiting and negative aspects of such needs, such as violence and psychotic behaviour.

Building a strong, supportive working relationship with family members and/or carers is a significant aspect of your job role. Workers can assist care network members to come to terms with the diagnosis in many ways.

Workers can assist families and/or carers by:

▶ developing and expressing empathy and respect for their experience

▶ listening, being supportive and being non-judgemental

▶ encouraging them to focus on the person's strengths and the possibility of recovery

▶ providing information and referrals to relevant services, such as carer support groups and advocacy groups

▶ providing or facilitating respite care; even taking the person out of the house for an hour can give a carer a much needed break.

Show that you understand how coping mechanisms affect family, friends and carers

People cope with mental health needs in different ways. Typical responses range from excessive sleeping and withdrawal, to rage and abusive behaviour. Anyone living in close proximity to the person experiences the consequences of these reactions. It is important for families and friends to realise these are behavioural reactions or coping mechanisms the person uses to deal with the difficulties and frustrations of their mental health needs. They are not necessarily part of the condition. Even people complying with all their treatment regimes go through periods when they appear to have more difficulty coping.

Here are some of the common reactions and coping mechanisms encountered by families and/or carers when supporting people with mental health needs.

4E Provide clear information to members of the care network

Members of a person's care network often have challenging roles to play in the person's recovery. You can support them by providing clear, relevant information that is communicated effectively according to the individual's needs. Communicating effectively with a consumer's family, carers and friends enhances the relationship between workers and informal support networks, which positively impacts on the care provided to consumers.

Providing information in an accessible form means:

▶ meeting individual needs

▶ communicating effectively

▶ explaining boundaries

▶ managing conflict

▶ addressing cultural barriers and providing cultural support.

Meeting needs

When providing members of a person's care network information, make sure that you clarify their information needs with them. Provide targeted, specific, relevant and up-to-date information in a format that meets their identified needs. For example, if a family member has limited technological access or digital literacy, provide them with printed material, not links to a website.

Additionally, provide people with information in various formats in a language that is clear to them, and avoid using jargon unless it is appropriate. Always provide a suitable level and amount of information; ask questions and use active listening to determine the amount of information they need on a topic. Too little information will not meet their needs and too much can be overwhelming and cause stress.

Ask the individual if they understand the information that you have provided to them. Provide clarification, alternative formats or ask for assistance from a language service or member of their cultural group if required.

Communicate effectively

Communicating effectively with the consumer's family, carers and friends enhances your relationship with them by establishing trust and demonstrating respect for their contribution.

The skills required to communicate effectively with a consumer's family, carers and friends are the same as those needed for all effective communication. The following provides examples of how these skills can be applied to effectively communicate with a consumer's family, carers and friends.

▶ Restrictions in service delivery, such as limited access to emergency relief

▶ Waiting periods for appointments due to high demand for services, such as financial counselling

▶ Emergency situations, such as loss of employment, accidents or injuries, divorce or death of a loved one, etc.

Identify challenges

Your effective communication skills assist in identifying difficulties, especially when working with people who may be reluctant to disclose problems they may be having in meeting the goals of their recovery plans. If people are feeling fearful, overwhelmed or angry because of the challenge, their ability to think clearly and to identify the challenge may be limited.

Rapport enhances a feeling of trust. Establishing trust is an ongoing process and once established, communication must continue to be effective to maintain it and develop the relationship. Supporting consumers to identify and address difficulties builds feelings of safety and trust.

Active listening skills, paraphrasing, questioning and observing of nonverbal communication such as body language and facial gestures can be used to identify difficulties that people may be experiencing. Make sure that you work collaboratively with the person to identify the challenge or difficulty that they are experiencing, as identification is the first step in addressing the challenge.

Discuss challenges

Some people are reluctant to discuss difficulties because they perceive these difficulties as personal failures and there are often negative emotions connected to feelings of failure. Mental health workers can educate consumers to cope with difficulties and stress by developing resilience and coping skills.

You can also support people to identify and discuss their challenges by building good rapport. An effective working relationship characterised by mutual respect and trust. Once rapport is established, it must be maintained. Your practice and your communication is what maintains feelings of trust for consumers. If they can trust you they are more likely to be honest with you about their difficulties or concerns.

The following factors help to build trust:

▶ Respecting the person's rights by maintaining their privacy and confidentiality

▶ Encouraging self-determination and empowerment

▶ Communicating respectfully and actively listening to get a true understanding of the consumer's experience (empathy)

▶ Showing you are reliable by doing what you say you are going to do

▶ Assisting the person to meet goals and celebrating that success as a partnership

▶ Collaborating by respecting the person as the expert in their own life

▶ Building a partnership to support recovery

Use normalising statements

Normalising statements are used when a person shares a feeling or experience: the worker reflects back what they have heard, framed in a general statement that conveys the belief that others share the same experience or feeling. Normalising statements help people realise that their experiences or feelings are neither unusual nor a sign of their difference. They subtly encourage people to reframe their thoughts, feelings and experiences to reassure them that they are safe to express them and ask for help. This inspires hope and demonstrates empathy and support.

Here are some examples of normalising statements that you could use to support people facing challenges.

Normalising statements
▶ 'Many people feel that …'
▶ 'Other people tell me …'
▶ 'Often, this is about …'
▶ 'Having that symptom/feeling/thought is a common experience.'
▶ 'That happens to a lot of people.'
▶ 'Lots of people find managing … challenging.'
▶ 'Most people take time to get the hang of …'
▶ 'This is a really common experience and is often linked to …'
▶ 'I've experienced that too.'

Example

Maintain an empathetic, supportive and hope-inspiring approach as challenges occur

Jess has been a consumer at a particular mental health service for years. She hasn't made much progress, remaining very withdrawn and uncommunicative. Joe, a new coordinator at the service, meets Jess and realises that she is very negative about herself.

Joe starts to work with Jess to update her support plan, expressing confidence in her ability to recover. He realises her strengths are that she loves to study and that she has an inquiring mind. He teaches her basic digital literacy skills to use the internet, which she is interested in but has never had an opportunity to learn. He gradually introduces her to the many resources online regarding the recovery movement.

Jess is amazed. Gradually, she starts to come out of her shell. Via the internet, she makes contact with people all over the world who have recovered from mental health needs and who offer her support and advice. At first, she is most comfortable communicating with people online but after a while she wants to start a peer support group for consumers at the service. Joe agrees to help her set it up and to learn the skills to run it. Jess is a sensitive and effective facilitator. She helps many other people and gains new social skills and confidence in herself.

Here are some examples of how to respond when confronted with threatening behaviour.

Strategies for responding to behaviours of concern
▶ If a person threatens you, try to remain calm to prevent the situation from escalating.
▶ It is important not to insult or challenge the individual.
▶ If possible, wait until the person is in a calmer mood before trying to negotiate a solution to a particular problem.
▶ If a person appears to be having a serious relapse, call in help from a family member, friend, outreach mental health team or the police for involuntary hospitalisation.

Defuse aggression

Mental health workers must know how to recognise when aggressive behaviour is escalating or becoming worse, and understand and use strategies that help minimise the behaviour. Always ask for help and assistance from a colleague or your supervisor.

It is best to try to prevent or defuse the aggressive behaviour as soon as you notice the signs, but sometimes preventive measures may not work. Do not blame yourself if aggression escalates. You should concentrate on handling the situation as best you can to minimise the aggression and change the situation. Always report the incident to your supervisor and follow up with documentation as soon as possible.

When handling escalating aggressive behaviour:

▶ stay calm and speak in a level and reassuring voice

▶ use the person's name and ask them to stop

▶ use short, clear and direct sentences

▶ do not raise your voice

▶ address the cause of aggression if possible

▶ try to distract the person and get them thinking about something else

▶ stay out of reach if there is the potential for injury

▶ do not intrude into their personal space as it may threaten them into reacting further

▶ keep yourself and the person as safe as possible

▶ call for help from co-workers, a carer, supervisor or the police if necessary.

Use negotiation techniques

Although aggression may be difficult to deal with at first, you will learn to handle these situations more effectively as your skills develop and your confidence grows. Reassure the person in distress that everything is going to be all right. Aggressive incidents are generally over in a relatively short time.

The majority of people do not present a risk to anyone, but there are always exceptions. It is important that you are prepared to deal with these rare instances in a professional manner.

You can learn more about measuring outcomes for people with mental health needs at the following site:

▶ www2.health.vic.gov.au/mental-health/practice-and-service-quality/service-quality/measuring-outcomes-in-mental-health

Review criteria

As part of the review process there should be formal agreement on who is responsible for monitoring, what areas to monitor and evaluate, and how often monitoring should occur.

Consider the following four areas. Note that different organisations may include additional criteria.

Goals

The goals of the recovery plan should reflect the consumer's needs and preferences. Check to see whether the goals set were realistic; that is, the consumer has found them challenging but attainable. Unfortunately, some goals may turn out to be unrealistic. If unrealistic goals are not changed the consumer will eventually lose motivation. The goals may have been realistic when they were established, but things may have changed; for example, the consumer's condition may have worsened or other issues may have arisen. In these instances goals should be reworked so that they challenge and extend the consumer but are not set so high that the consumer can never reach them.

Relevancy of services

There may be a poor match between the consumer's goals and the services and support offered. Alternatively, the service or support may not have been delivered effectively.

Consumer satisfaction

Identify the extent to which the consumer is satisfied with the services provided. Always probe to find out the reasons why they are satisfied (for example, cost was appropriate, the providers' staff were easy to get on with) or dissatisfied (for example, it was difficult to get to the service, the consumer didn't feel they received an appropriate level of support or didn't see the relevance of the services and support offered). Use interviews, meetings, surveys and third-party reports to identify the causes of satisfaction and dissatisfaction.

Stakeholder satisfaction

Recovery-oriented practice is generally a team process. As such, stakeholder satisfaction is important. Check that:

▶ all parties are aware of their responsibilities

▶ there are good lines of communication between the parties

▶ all parties feel that they have been provided with an appropriate level of support.

Basic process for making amendments

Different organisations will have different procedures for changing an individual recovery plan.

Process for amending a person's recovery plan:

▶ Seek feedback from the consumer.

▶ Research alternatives.

▶ Brainstorm alternatives with the consumer.

▶ Complete a draft of the changes.

▶ Discuss the draft with consumer and relevant stakeholders

▶ Formalise the new recovery plan.

▶ Implement the new recovery plan.

▶ Monitor and review the new recovery plan.

▶ Make further adjustments if required.

Transition strategies

If the changes to a person's recovery plan are significant or if the person requires additional support, create a transition strategy to ensure that they receive an appropriate level of care while changes to their plan are being made. A transition strategy is a procedure to follow to ensure as little disruption to the person as possible.

Your workplace will have a set of policies and procedures to follow when making any changes to a person's recovery plan, including using transition strategies. Follow these at all times and ensure to keep the person's health, wellbeing and recovery goals at the forefront of your transition planning.

To create a person-centred transition strategy, ask yourself the following questions.

Questions to ask when preparing a person-centred transition strategy

▶ Is the person being fully supported during the transition of services? Are there any gaps in services as one ends and another begins?

▶ Is there any risk to the person in making the transition? How can this risk be assessed and minimised?

▶ Is the person fully informed about their role, responsibilities and requirements for the transition?

▶ Are all relevant stakeholders fully informed about their role, responsibilities and requirements for the transition?

▶ Is the transition to the new recovery plan fully funded and documented? Is it compliant with all relevant legislation and codes of practice?

▶ Is the transition being appropriately monitored to ensure that the person is comfortable with the changes?

▶ Is the transition being appropriately monitored to ensure that the changes are implemented efficiently and fully?

Gather feedback from the person

As a person is transitioning from the service, make sure to gather feedback about their satisfaction with the service and on the supports provided. Your workplace may have a specific form to use or procedure to follow to gain this feedback, including specific outcomes or questions to ask to obtain specific information. For example, if a person is transitioning from a service because the service has not met his or her needs, specific information needs to be captured to determine why this occurred.

Follow the same procedure for gathering feedback as you do in all your work activities, summarised below.

Procedures to follow when gathering feedback
▶ Ensure the person's communication, access, language and cultural needs are met.
▶ Use good communication skills.
▶ Ask appropriate questions.
▶ Provide several occasions or formats to provide information; an anonymous option may be relevant for people exiting a service, as this may support people's frankness.
▶ Explain why their feedback is important and how it will be used.
▶ Respect the person's opinions and choice to participate or not.
▶ Maintain people's privacy and confidentiality and only use any information they provide with their consent.
▶ Create a safe, supportive environment where people feel free to share honest responses.

Respond to feedback from the person

Both positive and negative feedback is useful to help you and your workplace improve service delivery and better support the recovery of people with mental health needs. Feedback about what wasn't helpful or successful can help you identify problems with policies, procedures, services or work activities. Feedback about what was successful for the person can help identify whether specific approaches, services or procedures could be applied elsewhere to increase the level of success.

However, feedback is only beneficial if it is used appropriately. All feedback needs to be responded to, whether to the person themselves (for example, if they have a specific concern, let them know what has been done in response), or by being used in your own self-reflection on your work practices, or by being used in your workplace's continuous improvement cycle. Make sure that the feedback you gather is used appropriately, as this honours the person and their experience with your service. Their feedback can significantly affect how well you can support other people in the future.