

Guidance for partners In Recovery Organisations in working together with families and carers

Introduction

Working with the families and carers of the person accessing Partners In Recovery (PIR) is integral to ensuring high quality support is provided. Increasing evidence demonstrates that well-being and outcome for both the person and carers are improved by involving families and carers. As we continue to learn and understand the contribution that carers make in the process of recovery and relapse prevention, there is a need to optimise genuine carer involvement in the support of people with mental illness. This includes participation in service planning and delivery.

PIR Organisations should be mindful of the role of family and carers and in their engagement in treatment and support, so that appropriate value is placed on the role carers play in the recovery process. It establishes a partnership between service providers and carers based on respect and recognition of carers perspectives and needs for information, education, skill development and support.

The term 'carer' includes those who, while not necessarily related to the person by biology or marriage/partners, are nevertheless actively involved in their care/support. This may include friends, housemates and professional carers. The term 'primary carer' is defined as anyone who is primarily responsible for providing support or care to a person other than wholly or substantially on a commercial basis.

Disclaimer

This guidance document is not intended to represent a comprehensive analysis of the law and should not replace the exercise of professional judgement on an individual basis. Nothing in this guidance document should replace seeking appropriate legal advice where this is considered appropriate.

Purpose of the guidance

To provide PIR Organisations and PIR network partners with a framework in which to:

- consider issues relevant to working with families and carers;
- establish expectations of organisations and partners in working with families and carers; and
- clarify legislative and confidentiality provisions.

PIR Organisations are expected to develop their own procedures and practices that address issues raised in this guidance document, and reflect the broader policy requirements of the jurisdiction in which they operate.

Rationale

The rationale for working with families and carers is five-fold (see reference list for further information):

- **Assessment.** This includes assessment of the relationship between a PIR client and their family and carers. Families and carers often have knowledge that is essential information for service providers in their assessment of client need.
- **Treatment.** Working together with families and carers promotes understanding of the goals of client care and support and enhances a mutually supportive relationship.
- **Meeting the needs of families and carers.** Families and carers value the support service providers can provide through sharing information and through providing training in the most effective management techniques that will ensure the best outcome for the person they care for.

- Research evidence. Family studies repeatedly confirm that working with families and carers bring benefits to the person and to families.
- Cost-effectiveness of working with families has been demonstrated in the literature.

Scope

This guidance document concerns how PIR Organisations could consider involving family and carers in the supports provided to PIR clients. In supporting PIR clients, PIR Organisations are expected to consider the needs of carers and families, and develop strategies to enhance their involvement accordingly.

The needs of children of PIR clients who may have a caring role must also be recognised in this process.

Key principles

- Families and carers should be recognised, respected and supported as partners in providing care and support to the PIR client. Roles and responsibilities of service providers and of carers should be clearly defined, including for instance, in the PIR Action Plan.
- Families and carers should be engaged as early as possible in the provision of support to the PIR client. Clear and open communication and the sharing of information between service providers, PIR client, and families and carers should occur regularly, as appropriate.
- Service providers require a sound understanding of the confidentiality provisions of the **South Australia Mental Health Act 2009** which define what information can be conveyed to families and carers and under what circumstances. Training on the flexible application of privacy and confidentiality provisions may assist PIR Organisations in the exchange of information to assist families and carers, whilst maintaining the PIR client's right to confidentiality.
- Services should ensure that the cultural and language needs of families and carers are considered, recognising that some families and carers may require assistance with English literacy skills and their understanding of the PIR initiative.

Implications for PIR organisations and staff

Staff must have the skills and competencies to enable them to work with families and carers. PIR Organisations need to foster an inclusive approach and establish practice standards. Staff training in working sensitively with families and carers is pivotal to their effective engagement. PIR Organisations may wish to consider the inclusion of carers in staff training so as to enhance staff understanding of the needs of families and carers.

Action planning with PIR clients should involve families and carers in planning and implementation, as appropriate and according to the family or carer's ability and willingness to be involved.

Working with families and carers in a way that promotes their strengths (whilst acknowledging their difficulties) empowers them to be more effective and resourceful.

Underpinning principles of providing support to PIR clients will include the involvement of the client, families and carers in the development of:

- PIR Action Plan (including a crisis plan with a clearly identified clinical service response and assistance with the psychological and social as well as the clinical needs of the client);
- recognition of the high incidence of co-morbid conditions, including substance use and physical illness, of PIR clients;
- the availability of emotional support from service providers and from family and carer support networks; and

- PIR Organisations need to make ethical judgments as to whether or not sensitive information given by a third party needs to be conveyed to the PIR client and whether harm may occur if this happened.

Action Plan

Families and carers can play an important role in supporting PIR clients. The role can often be difficult and the effect of the client's illness on the family can be significant. Families and carers will often have views and preferences that they would like the PIR Organisations to take into account when developing a PIR Action Plan. PIR staff should be familiar with the new provisions relating to treatment plans in ***South Australia Mental Health Act 2009, Part 6 – Treatment and Care Plans***.

The role of families and carers in the supporting relationship should be raised with the PIR client as early as possible. The extent to which families and carers have their wishes taken into account will depend on the client. Where family members/carers are to be involved, including dependent children, the PIR Organisation should ensure an assessment is made of their needs, including cultural and language needs, that these are taken into account, and that the assessment is updated at critical points.

If the client refuses any involvement of family/carers, or only permits limited involvement, this should be periodically re-visited to see if the client has changed their mind or to encourage greater involvement.

Regardless of whether their wishes are taken into account, families and carers who are involved in providing ongoing care or support to the client will require information about mental illness, how to respond to disturbing behaviours, and how to access practical assistance and general assistance in dealing with the illness.

The wishes of any guardian, family member or primary carer who is involved in providing ongoing care or support to the client should be taken into account unless the client objects. Giving identified personal information to families and carers is governed by the confidentiality provisions of (insert local Mental Health Care Act name, date and relevant section).

Documentation

PIR Organisations should have clearly documented policies and procedures for working with families and carers. Discussions and contacts with families or carers should be clearly documented in the PIR client's record. Documentation should demonstrate:

- discussions with the PIR client to obtain consent for providing information to families and carers about the support to be coordinated by the PIR Organisation;
- contacts with families and carers for the purposes of involvement in action plans;
- reasons for non-involvement of the family or carer in a client's care and support;
- when information recorded is not directly observed, the source that provided the information should be recorded; and
- PIR Organisations need to ensure that information provided in confidence and documented is protected according to locally established procedures as documentation may be subject to release under Freedom of Information legislation.

Relevant legislation

- South Australia Mental Health Act 2009
- South Australia Guardianship and Administration Act 1993
- South Australia Carers Recognition Act 2005
- South Australia Children's Protection Act 1993
- Disability Discrimination Act 1992
- South Australia Health Care Act 2008
- Privacy Act 1988
- South Australia Freedom of Information Act 1991
- South Australia Criminal Law Consolidation Act 1935
- South Australia Equal Opportunity Act 1984
- Racial Discrimination Act 1975

References

Australian Government: Fourth National Mental Health Plan 2009 – 2014, Commonwealth of Australia 2009.

Australian Government: National standards for mental health services 2010, Commonwealth of Australia 2010.

Australian Government: National practice standards for the mental health workforce, 2002

Australian Government: National standards for mental health services 2010, Commonwealth of Australia 2010.

Country Health SA (2006). One country: One system of mental health care for country South Australians [Paper].

Department of Health Government Publishing Service A recovery oriented framework for adult mental health services in South Australia (2008)

South Australia's Mental Health and Wellbeing Policy 2010-2015

South Australian Social Inclusion Board (2007). Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007-2012.

South Australia's Strategic Plan 2011

Recommended reading

- Farvis, M. (2001) Communication between clients, carers and staff in a dementia care facility, Australian Nursing Journal, September, 1-3.
- Furlong M. and Leggatt M. (1996) Reconciling the patient's right to confidentiality and the family's need to know. Australian and New Zealand Journal of Psychiatry, 30,5.
- Mihalopoulos, C., Magnus, A., Carter, R. and Vos, T. (2004) Assessing cost-effectiveness in mental health: family interventions for schizophrenia and related conditions, Australian and New Zealand Journal of Psychiatry, Vol. 38, 511-519.
- Pitschel-Walz G., Leucht S., Bauml J., Kissling W. and Engel, R. (2001) The Effect of Family Interventions on Relapse and Rehospitalisation in Schizophrenia – A Meta Analysis, Schizophrenia Bulletin (reference incomplete)
- Walsh, F. (2003) Family Resilience: A Framework for Clinical Practice, Family Process, Vol. 42, No.1, 1-18.
- Whiteside, R & Steinberg, F (2003) Creating Partnerships: A New Zealand Guide to Including Families in Mental Health Assessment and Treatment, PHAC Publications, Auckland.
- Young, J., Bailey G. and Rycroft P. (2004) Family Grief and Mental Health: A Systemic, Contextual and Compassionate Analysis, Australian and New Zealand Journal of Family Therapy, Vol. 25, No.4.

This has been adapted with permission from the *Working together with families and carers: Chief Psychiatrist's Guidelines* developed by the Mental Health Care branch of the Metropolitan Health and Aged Care Services Division, Victorian Department of Human Services. A copy of the original tool can be sourced from <http://www.health.vic.gov.au/mentalhealth/cpg>