

# Standard 7.

## Carers

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

### GUIDELINES

Where there is relevant legislation services should ensure compliance. eg. *Carer Recognition Act (NSW, SA, WA, Qld, NT)*.

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

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

#### **Identification of carers (Criterion 7.1)**

Carers can be parents, partners, brothers, sisters, friends or children of any age. A carer can also be a state or territory guardianship board or tribunal or an appointed guardian or administrator. The MHS should have policies to address these possibilities. CAMHS sometimes works more with carers than other services and may deal exclusively with the parent or carer, depending on the consumer's age. The MHS should address issues of custodial and non-custodial parents and legal guardianship. It should also take into account whether the carer is a consumer within another MHS. Policies and service delivery protocols should address these situations.

In Indigenous communities carers can include individual members of a family who may not necessarily be blood relatives, and skin groups can embrace entire communities. This can make identifying carers difficult, and there should be some flexibility when recording carer information.

#### **Partnerships (Criteria 7.2, 7.3)**

Care should be delivered in partnership with consumers, carers and clinicians. Meetings provide a critical component of care.

The role of the extended family and the wider community must also be taken into account when working with Aboriginal and Torres Strait Islander and CALD communities. Culture influences Aboriginal and Torres Strait Islander people's decisions about when and why they seek services, whether they accept or reject treatment and how likely they are to continue treatment and follow-up. It can also affect success of prevention and health promotion strategies, the client's assessment of the quality of care and their views about the health service and its staff. Aboriginal health workers and cultural 'guides' are vital in establishing meaningful contact with Indigenous families from rural and remote communities.

Carers should be engaged as soon as possible in the episode of care with clear and open communication. The MHS should routinely seek information from carers that contributes to care. The MHS should try to identify the carer if this did not happen when the consumer was admitted.

### **Provision of information (Criterion 7.4)**

The MHS should provide written material on rights and responsibilities in languages other than English and in a variety of media. This should be reviewed regularly. The material should be prominently displayed in every facility of the MHS and also made available on the MHS website and via email, fax or post on request.

The MHS should look at alternative means of engaging the general population in remote communities on mental health issues. Examples include using 'talking' posters and books in various languages or displaying information in Aboriginal and Torres Strait Islander organisations and facilities.

Information could include:

- where to access a copy of the *National Standards for Mental Health Services* (2010) such as through the web address\*
- a brochure on rights and responsibilities, which could be a photocopy of the organisation's statements
- where to access the *Mental health statement of rights and responsibilities* (1991)\*
- where to access human rights instruments and statements.\*

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

The carer statement of rights and responsibilities should include statements such as these:

- the carer's wellbeing is supported by the MHS
- the service will provide information about the consumer's mental health condition, treatment, ongoing care and if applicable, rehabilitation
- carers can access mental health staff to provide them with information that may assist in care, assessment and treatment of the consumer

- carers are entitled to access the consumer during care, assessment and treatment processes and should be consulted by mental health staff about those processes
- the relationship between a carer and the person they care for is respected and honoured.
- carers have the opportunity to work in partnership with service providers
- carers are respected for the critical role they play
- carers have the rights, choices and opportunities to enjoy optimum health, social, spiritual and economic wellbeing and to participate in family, social and community life, employment and education
- carers are supported to balance their caring role with their own needs
- the MHS staff are trained to communicate effectively with carers regarding issues of confidentiality
- the language and cultural needs of carers are considered.

Opportunities for carers to ask questions about their rights and responsibilities are provided throughout all phases of the consumer's care.

### **Diversity of carers (Criterion 7.5)**

Carers of Aboriginal and Torres Strait Islander people, CALD people, people with intellectual or physical disabilities should be specifically identified and supported by the MHS within and outside their communities.

Each MHS must develop a policy that provides guidelines, details requirements and refers to relevant legislation and guidelines for providing services to people from diverse backgrounds.

Staff of the MHS need to have a sound understanding of the implications of this issue.

### **Age of carers (Criterion 7.6)**

The MHS should consider the needs of carers who are children or aged persons and provide information on how to access support for these age groups. Support organisations include:

- The Mental Health Carers ARAFMI Australia  
➤ <http://www.arafmiaustralia.asn.au>
- Children of Parents with a Mental Illness (COPMI)  
➤ <http://www.copmi.net.au>

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

## **Confidentiality (Criterion 7.7)**

Staff of the MHS require a sound understanding of the confidentiality principles of the Mental Health Act and Commonwealth, state or territory legislation, which defines what information can be conveyed to families and other carers and under what circumstances. These issues should be addressed in documented policies and procedures.

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

Posters in appropriate languages outlining the legal rights of consumer and carers should be placed in all MHS services, hospitals and primary health care services.

## **Consultation (Criteria 7.8, 7.9, 7.10)**

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

The consumer's health record should show when a nominated carer seeks information. All liaisons with carers should be documented in the health record.

## **Exit information (Criteria 7.11, 7.12, 7.13)**

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

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

- the Australian Government site on mental health:  
➤ [www.mentalhealth.gov.au](http://www.mentalhealth.gov.au)
- Department of Health and Ageing:  
➤ [www.health.gov.au](http://www.health.gov.au)

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

## **Participation (Criterion 7.14)**

Involving Aboriginal and Torres Strait Islander carers in the delivery of mental health services helps a service learn about what Aboriginal people value and how staff and carers can work with these values to achieve better services for clients.

Examples of how to ensure Aboriginal and Torres Strait Islander people are involved as carers include:

- providing financial and other practical assistance to attend
- holding meetings
- ensuring participation in interview panels
- reviewing draft policies
- providing input at orientation programs
- participating in service planning days
- participating in anonymous reviews of complaints.

It may be necessary to actively reach out to communities to involve Aboriginal and Torres Strait Islander carers who live in rural and remote Australia. This engagement with rural and remote communities will ultimately be productive.

## **Training (Criteria 7.15, 7.16, 7.17)**

There should be evidence that staff have undergone appropriate training to assess a carer's capacity to provide care for the consumer after they are discharged. In some cases the carer could be a child, aged person or a person from a remote community and this should be considered in discharge planning.

The MHS should provide training to staff on the use of carer assessment tools for measuring a carer's capacity to provide care to the consumer.

The MHS should provide training and education to help carers in their role as representatives within the MHS. This could include topics such as OH&S, governance, the responsibilities of committee and board representations and computer training. Evidence that carers are provided with information on available training and how to access that training should also be provided.

Policies and procedures should guide the MHS on how to work with carers and should recognise the importance of the carer to the consumer, the health care provider, the MHS and the community.

## SUGGESTED EVIDENCE

Evidence that may be provided for this standard includes:

- information on rights and responsibilities
- health records and treatment, care and recovery plan reviews
- posters and brochures
- staff training records
- policies and procedures covering:
  - working with carers
  - identifying carers
  - privacy and confidentiality
  - training programs
  - advocacy training and support, mentoring and supervision.