Work effectively in mental health (CHCMH301B)
Copyright Warning

This product is copyrighted to Aspire Training & Consulting (ABN 51 054 306 428).

Aspire Training & Consulting owns all copyright to its products. Except as permitted by the Copyright Act 1968 (Cth) or unless you have obtained the specific written permission of Aspire Training & Consulting, you must not:

- reproduce or photocopy this product in whole or in part
- publish this product in whole or in part
- cause this product in whole or in part to be transmitted
- store this product in whole or in part in a retrieval system including a computer
- record this product in whole or in part either electronically or mechanically
- resell this product in whole or in part.

Aspire Training & Consulting:
- invests significant time and resources in creating its original products
- protects its copyright material
- will enforce its rights in copyright material
- reserves its legal rights to claim its loss and damage or an account of profits made resulting from infringements of its copyright.

Aspire is committed to developing quality resources that meet the needs of our customers. However, occasionally Aspire finds, or is notified of, errors. Please refer to our website at www.aspirelearningresources.com.au to see if there are any updates that may be relevant to you.

Every effort has been made to ensure the information in this book is accurate; however, the author and publisher accept no responsibility for any loss, damage or injury arising from such information.

Except where an information source is acknowledged, the names and details of individuals and organisations used in examples are fictitious and have been devised for learning purposes only. Any similarity to actual people or organisations is unintentional.

All websites referred to in this unit were accessed and deemed appropriate at time of publication.

Aspire Training & Consulting apologises unreservedly for any copyright infringement that may have occurred and invites copyright owners to contact Aspire so any violation may be rectified.

CHCMH301B Work effectively in mental health

© 2009 Aspire Training & Consulting
Level 8, 409 St Kilda Road
MELBOURNE VIC 3004 AUSTRALIA
Phone: (03) 9820 1300

First published June 2009
Reprinted (with amendments) October 2010
Second edition November 2011

ISBN 978 1 74240 008 2
Contents

Before you begin v
What you will learn v
Knowledge and skills required v
How this unit is organised and what we expect of you vii
How to work through this unit viii

Introduction: Working effectively in mental health 1

Chapter 1: Working in the mental health sector 5
1.1 Understanding the history of the mental health sector 6
1.2 Understanding social, political and economic changes in the mental health sector 10

Chapter 2: Developing knowledge of mental health work 17
2.1 Understanding current issues and different models of work in the mental health sector 18
2.2 Collecting information from different people about mental health work 26

Chapter 3: Showing commitment to the values and attitudes of the mental health sector 29
3.1 Understanding the values and philosophies of the mental health sector 30
3.2 Treating everyone fairly and equally 35
3.3 Involving clients in service provision 39
3.4 Identifying your own values and attitudes about mental health issues 42
3.5 Promoting a focus on the recovery model and restoring people to their optimal potential 45

Chapter 4: Working with people from different backgrounds 51
4.1 Applying your knowledge of different cultures and language to your work 52
4.2 Adjusting the way you work to meet clients’ cultural and language needs 57
Before you begin

What you will learn

This learner guide is based on CHCMH301B Work effectively in mental health from Version 3.0 of the CHC08 Community Services Training Package.

Knowledge and skills required

The following is a list of the knowledge and skills required by the worker to effectively provide support to people with mental health.

Knowledge

By the end of this unit students should know:

- Awareness of policy, regulatory, legislative and legal requirements, including
  - Carer’s Recognition Act
  - community counselling orders
  - community treatment orders
  - Criminal Law (Mentally Impaired Defendants) Act
  - Disability Services/Discrimination Acts and standards
  - equal employment opportunity principles
  - Freedom of Information Act
  - Guardianship Board
  - individual rights
  - mental health acts
  - national mental health policy and plan
  - national mental health service standards
  - national practice standards for the mental health workforce
  - occupational health and safety (OHS) standards
  - Privacy Act
  - United Nations Principles for the Protection of Persons with Mental illness and the Improvement of Health Care
  - Awareness of available government benefits in areas such as accommodation, housing and finance
  - Consumer needs and rights including duty of care
  - Current issues facing clients and existing services to address their needs and rights
  - Early intervention
  - Facts/myths about mental illness and psychiatric disability
  - Historical and social context
  - Holistic and client-centred care
Impact of stigma
Importance of consumer input
Importance of principles and practices to enhance sustainability in the workplace, including environmental, economic, workforce and social sustainability
Indigenous Australian culture
Involuntary and voluntary admission to hospital
Knowledge specific to working with people at risk of self-harm
Knowledge specific to working with people from culturally and linguistically diverse backgrounds
Legal system
courts
police powers
court reports
tribunals
parole
community treatment orders
Major psychiatric illnesses
National standards for mental health services
Political and economic context
Principles and practice of duty of care
Principles and practices of confidentiality
Principles and practices of ethics and values
Principles of access and equity
Principles of client empowerment/disempowerment
Principles of clinical governance
Principles of community delivered service provision
Principles of disability
Relevance of the work role and functions to maintaining sustainability of the workplace, including environmental, economic, workforce and social sustainability
Understanding of regulations and guidelines governing the handling of medication

Skills
At the conclusion of this unit it is critical that students demonstrate the ability to:
Demonstrate application of understanding of underpinning values, philosophies and standards applying to work in the mental health sector
Refer to the Training website (www.training.gov.au) for full details of the unit of competency.
How this unit is organised and what we expect of you

Throughout the learning material you will see the following:

**Practice Task**

A practice task is an activity that allows you to assess your own learning progress. It is an opportunity to determine the levels of your learning and to identify areas for improvement.

PLEASE DON’T SUBMIT YOUR PRACTICE TASKS.

**Discussion**

At the end of each chapter you will find a number of discussion topics. Whether this occurs in an online forum, through online messaging or in a face-to-face environment, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students.

**Print students**

As a print student, you may wish to participate in the discussion forums to liaise with fellow students. Discussion forums constitute an important resource that enhances your learning and can be accessed via OpenSpace. To access OpenSpace, go to <http://www.opencolleges.edu.au/> The link to Login to OpenSpace is located on the top right hand side of the main Open Colleges web page.

Your theory assessments for this unit are located in the back of this student workbook and your workplace assessments are available in Study Period 4.

**Online students**

If you are an online student, you are expected to participate in the online discussions. Discussion forums constitute an important resource that enhances your learning.

As an online student, you may download a copy of this student workbook from your unit on OpenSpace. Please ensure that you save this workbook to your hard drive.

Your theory assessments for this unit can also be downloaded from your unit in OpenSpace. Your workplace assessments are available in Study Period 4.
If you have a question about this unit

If you have any questions or need further assistance with understanding concepts in the unit, please contact your trainer/assessor via the OpenSpace messaging system. Alternatively, if you have any enquiries regarding your course, please email <studentsupport@opencolleges.edu.au> or call the Student Services team (1300 650 011) for further assistance. You will receive a response to your enquiry within two (2) working days.

Glossary: A glossary of key words used in the learning material can be found at the back of the workbook.

How to work through this unit

Understand the material

To successfully complete this unit, you need to make sure you read the material presented in each of the chapters. Should you come across material that is confusing or doesn’t make sense to you, please contact your trainer via the OpenSpace messaging system. Most problems that you come across can be easily addressed by seeking clarification, and your trainer is in the best position to offer assistance. As a learner, it is very important that you take on some of the responsibility for the learning that you will undertake.

Do the practice tasks

As you read through the unit you will see a number of tasks. These give you an opportunity to:

› use your own experience
› think about what you have learnt
› do some research to enrich your learning
› discuss an issue with someone.

Minimum essential requirements for students in this unit

To pass the unit, you must attempt, complete and submit each of the assessment tasks and receive a satisfactory grade for each task.

Assessment procedures and advice

Students are expected to refer to the following information, along with “Open Colleges Assessment Policy and Procedures” available via the Open Colleges website at http://www.opencolleges.edu.au/policies.aspx#PoliciesProcedures

Please note that you will also have workplace assessment activities to complete for this unit. These activities will be undertaken either when you commence your work placement with a host organisation or if you are currently working when you decide to undertake your practical workplace assessment tasks. Workplace assessments are available in Study Period 4.
Theory Assessments

Instructions

Once you feel confident that you have covered the learning materials for this unit, you are ready to attempt this assessment.

To complete the assessment, please create a new MS-Word document and type your answers to each question or task in this document, noting the question number from the assessment.

To help Open Colleges manage your assessment, please use the following file-naming convention when you save your MS-Word document. Your file should be named and saved to your computer’s hard drive using your: [student number]_[assessment]_[assessment number].doc For example: 12345678_21850a_01.docx.

Assessment Submission

When you are ready to submit your assessment, upload the file in OpenSpace using the Assessment Upload links in the relevant Study Period of your course. The Student Lounge provides a ‘Quick Guide to Uploading Assessments’ if you need further assistance. Uploading assessments in OpenSpace will enable Open Colleges to provide you with the fastest feedback and grade on your assessment.

Alternatively, you can print and post your assessment to Open Colleges, PO Box 1568, Strawberry Hills, NSW 2012. Please ensure that you use the Open Colleges Assessment Cover Sheet (available in the Student Lounge in OpenSpace). Where assessments are submitted by post, grades will be released in OpenSpace. Please note that assessments submitted by post may take up to 21 days from the date received by Open Colleges to grade and are reliant on the efficiency of the postal service.

It is important that you keep a copy of all electronic and hardcopy assessments submitted to Open Colleges.

Resources

The following resources are suggested to assist you to gain the skills and knowledge required in this unit. They may be available online, at the Gale Library or your local library. You are not expected to read each one. Your trainer may suggest other resources to assist you in your learning.

Publications


Bashir, M & Benett, D (eds) 2001, Deeper dimensions: culture, youth and mental health, Transcultural Mental Health Centre, Parramatta, NSW.

Ferguson, B & Barnes, D (eds) 1997, *Perspectives on transcultural mental health*, Transcultural Mental Health Centre, Parramatta, NSW.


Raphael, B & Malek, A (eds) 2001, *Diversity and mental health in challenging times*, Transcultural Mental Health Centre, Parramatta, NSW.

**Websites**

Anxiety & Stress Management Service of Australia
<www.anxietyhelp.com.au>

Association for Relatives and Friends of the Mentally Ill (ARAFMI)
- NSW – <www.arafmi.org>
- Qld – <www.arafmiqld.org>
- Vic – <www.arafemi.org.au>
- WA – <www.arafmi.asn.au>

Australian Government Department of Health and Ageing
*Promotion, prevention and early intervention for mental health: a monograph*  

Australian Psychological Society (APS)
<www.psychology.org.au>

Black Dog Institute
<www.blackdoginstitute.org.au>

Carers Australia
<www.carersaustralia.com.au>

Centrelink
<www.centrelink.gov.au>

Commonwealth Respite and Carelink Centres

Depression Guide
<www.depression-guide.com>

Disability Services Australia
<www.dsa.org.au>

GROW
<www.grow.net.au>
Mental Health Associations/Foundations

- NSW – <www.mentalhealth.asn.au>
- NT – <www.teamhealth.asn.au>
- Qld – <www.mentalhealth.org.au>
- SA – <www.mhcsa.org.au>
- Vic – <www.mentalhealthvic.org.au>
- WA – <www.waamh.org.au>

Mental Health Law Centre (WA)
<www.mhlcwa.org.au>

National Drug and Alcohol Research Centre (NDARC)
<www.ndarc.med.unsw.edu.au>

SANE Australia
<www.sane.org>

Tips to study success

- Below are some links that may help you to improve your study skills:
- Webspiration – free online mind mapping tool. Watch a video on how to use Webspiration on YouTube http://www.youtube.com/watch?v=TeEXLbQC_F8&feature=related
- Example of a mind map at MindMeister – http://www.mindmeister.com/23290325/western-philosophy
- Bubbl-us – free online mind mapping tool https://bubbl.us/
- Mind 42.com – free online mind mapping application http://mind42.com/signin
- Study Stack – Online flash cards: use the ones available or create your own http://www.studystack.com/
- Basic Study Skills - ALISON Online Training Course – http://alison.com/courses/Study-Skills
- Math Help and Tutorials by Subject and/or Topic – http://math.about.com/od/mathhelpandtutorials/Math_Help_and_Tutorials_by_Subject_and_or_Topic.htm
- Khan academy Maths – http://www.khanacademy.org/
- Computer basics – http://www.gcflearnfree.org/computers
- Writing essays – http://www.greatsource.com/iwrite/educators/e_forms.html
Introduction: Working effectively in mental health

Many people are attracted towards work in community services and mental health services because of a personal interest in the area. You may know someone who has experienced mental illness, or you may have been a user of mental health services yourself. With the increase in numbers of people with mental health problems living in the community, there are many opportunities for working in various areas offering support, such as housing, day care and job-finding services.

There is a broad range of community-based projects for people with mental illness. These range from accommodation in nursing homes, to hostels and outreach support projects with people who choose to live in their own homes. Day care projects can range from day centres and drop-in centres to those that offer a highly structured program of activities; while others offer an informal setting for social activities. Other organisations that operate in the mental health sector coordinate employment projects and sheltered employment for people with mental health problems.

There is a range of career opportunities that you may wish to consider in either community services or the mental health sector. You may find it helpful to talk to people involved in the kind of work you are considering and to visit mental health settings such as hospitals, hostels, supported living accommodation and day centres. Web searches and the library can also be a good way of gathering information about career opportunities, useful organisations and contact addresses. You may also consider getting first-hand experience in the mental health field by working as a volunteer.

Regardless of the type of role that you perform in the mental health sector there is a range of skills and knowledge that you will require. You can develop these by undertaking training and education activities. You will need to have knowledge of:

› facts/myths about mental illness and psychiatric disability
› principles of disability
› principles of community-delivered service provision
› importance of consumer input
› various models for delivering mental health services
› consumer needs and rights, including duty of care
principles of client empowerment and disempowerment
principles of access and equity
policy, regulatory, legislative and legal requirements.

You should also have an understanding of the evolution of treatment and care for people experiencing mental illness and the various factors that shape mental health service delivery. You will need to understand the current issues facing clients, and the services that may be available to address their needs and rights.

Mental health workers are placed in a position of trust with regard to many aspects of their clients’ lives. You will need to demonstrate the highest standards of ethics and personal values. You must always comply with the various legislation and regulations that inform the way you store, manage and share your clients’ personal information.

You will work in a range of community settings with clients from a diverse range of social and cultural backgrounds. You must be committed to complying with the legislation and regulations, codes of conduct and workplace policies and procedures that promote participation, access and equity for all people you come into contact with through your job role.

Your workplace supervisor or manager will judge your competence with regard to mental health work by assessing your application of the underpinning values, philosophies and standards relevant to work in the mental health sector.

This learner guide is designed to develop your skills and knowledge to provide a person-centred approach to care by working collaboratively with a variety of health and community service professionals, clients, their carers and families.

Understanding sustainability

The unit of competency CHCMH301B Work effectively in mental health now includes skills and knowledge requirements relating to sustainability principles and their application in the workplace. The information provided in this section provides an overview of these principles. You should consider sustainability principles as you undertake your learning, and think about how you can apply them in the context of this unit.

Sustainability means reducing our ecological footprint – our use of the Earth’s resources balanced with the Earth’s capacity to regenerate – without affecting our quality of life. All industries have the opportunity to incorporate sustainability principles and processes into day-to-day operations. Sustainability principles are broadly applied to the workplace in terms of environmental, economic and social aspects. An additional principle is that of workforce sustainability: how staff are trained and retained.

Environmental sustainability

Environmental sustainability means using the earth’s resources without substantially affecting the ability of future generations to have access to them. This includes maintaining the beauty of the natural environment.

To a certain extent, this can be achieved through the use of renewable rather than non-renewable resources. Electricity produced from wind or solar energy is considered a renewable resource, because we can reasonably expect that wind and sun will continue
to be available. Choosing to buy electricity produced from renewable resources is a good way to promote environmental sustainability.

Oil and coal are non-renewable resources. There is a limited supply, which will eventually run out. We cannot continue to use these resources at the same rate and expect our children to be able to do the same.

Environmental sustainability is also about taking things from the natural environment at a slower rate. For example, using less paper in your workplace may reduce tree logging, which may, in turn, reduce the amount of greenhouse gases in our atmosphere.

Many organisations now pride themselves on being ‘green’ workplaces. This means they are trying to reduce their environmental impact. It is easy to look at big manufacturers and see how they could reduce their environmental impact. We can see the pollution they create; the waste they produce that needs to be disposed of; and the large quantities of water they use. However, you may wonder how, in a small organisation, you can make a difference. You can do so by using the 3Rs – reduce, reuse and recycle. An example of this process is shown in the following table.

| Reduce | The first step is to print or copy as few things as possible. Don’t just automatically print an email; consider first if you actually need to keep a hard copy or whether an electronic copy is enough. Printing or copying on both sides of the paper will dramatically reduce the amount of paper you use. Buying paper made from recycled products also reduces the environmental impact. |
| Reuse  | Wherever possible, use the same paper again. If you have finished with a copy of something, use the reverse side for notes. If it is something that several people need to read (for example, a copy of an interesting article), consider setting up a system to circulate one copy for everyone to pass on when they have finished. |
| Recycle | When you have finished with the paper, make sure it is recycled. Use a box to collect your paper for recycling at your desk then transfer it to the recycling bin when it is full. Remember that for some documents, it is important to comply with your organisation’s requirements for storage and disposal. Some things, such as client letters or orders, may need to be printed for legal reasons. Other documents may need to be shredded before they are recycled to maintain confidentiality. |

If everyone in an organisation aims to reduce, reuse and recycle, then the amount of waste produced and energy and water used will decrease. Another important benefit is that the cost to the organisation should also decrease.

**Economic sustainability**

Economic sustainability means identifying ways to ensure all resources are used in the most efficient, beneficial and responsible way. In most businesses, economic sustainability is driven by management, but everyone has a role to play.

**Economic sustainability encompasses:**

- the efficient use and acquisition of resources, such as securing ongoing and recurring funding
purchasing equipment that meets quality standards, is fit for purpose and can be reused or recycled at the end of its life
> recruiting and retaining qualified staff (see workforce sustainability)
> establishing effective operational processes and procedures so that work is defined and organised in the most appropriate and efficient way
> reducing wasted or duplicated effort wherever possible.

For most workers, their responsibility is to follow their workplace policies and procedures and to use equipment and resources appropriately and according to the manufacturer’s guidelines.

Social sustainability
Social sustainability is about ensuring future generations have the same or greater access to social resources. The aim of social sustainability is to create healthy and liveable communities through the development of formal and informal processes, systems, structures and relationships.

In community services, this is achieved by embracing practices that promote cooperative and effective relationships such as:
> ensuring all clients have equal access to participation in the service
> supporting diversity in the community and service
> ensuring staff and clients enjoy a safe and healthy care environment.

For most workers this involves:
> communicating clearly with clients and carers
> establishing a trusting, collaborative and professional relationship with them
> following occupational health and safety policies and procedures
> incorporating cultural and linguistic diversity requirements.

Workforce sustainability
Workforce sustainability means retaining the right people with the right skills to meet current and future business requirements. Workforce sustainability should be considered in terms of recruitment, motivation and job satisfaction, stress, career paths, staff turnover and job design. For example, your organisation’s workforce sustainability policies and procedures may refer to:

> accessing education and training
> accessing external expertise and advice
> reporting OHS concerns or issues.

For most workers, it is your responsibility to:

> understand what is expected of you
> follow workplace policies and procedures
> report any improvements or deficiencies you become aware of.

Sustainability policies and procedures may be explicitly labelled or simply addressed within other policies and procedures.
Chapter 1: Working in the mental health sector

Mental health is about how people view themselves, other people and their lives. A person’s mental health relates to how they handle stress, address their problems and understand what is happening in their life. A person’s state of mental health or illness can affect how they make life choices. Workers in the mental health sector provide information and support to people with mental health problems.

There are many different types of mental health work. Mental health services can be in a clinical setting or a non-clinical setting. Clinical mental health settings provide treatment for the mental illness or disorder. Workers in clinical settings include doctors, nurses, therapists, social workers and other specialists.

Non-clinical mental health settings provide support for the person with a mental illness in their home or community. They support people with mental illnesses to live a normal life in their community with support services. Workers in non-clinical settings may include volunteers and carers.

Workers in the mental health sector may have different roles and responsibilities but they are all important in supporting people with mental illness.

In this chapter you will learn about:

1.1 Understanding the history of the mental health sector

1.2 Understanding social, political and economic changes in the mental health sector
1.1 Understanding the history of the mental health sector

Mental health work has changed a lot over time. In medieval times people with mental illness were tortured and isolated to control them and their behaviour. Treatments included chaining people up in small cells or throwing them into the freezing sea to ‘shock’ them out of their problems. These treatments definitely did not help the person recover or manage their illness.

Today’s treatments use various medicines and other therapies to manage the person’s illness and improve their life. Treatments continue to improve. People with mental illnesses now have the opportunity to lead fulfilling lives as a part of their community.

The following table provides information about how mental health work and treatments have changed over time.

<table>
<thead>
<tr>
<th>Year</th>
<th>Approaches to mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600s</td>
<td>People believed supernatural or magical powers and medicine men could heal people with a mental illness.</td>
</tr>
<tr>
<td>1700s</td>
<td>Witchcraft was blamed for mental illness. People were ‘set free’ or ‘cured’ by being burnt to death.</td>
</tr>
<tr>
<td>1800s</td>
<td>Doctors started to believe that mental illness was caused by physical problems in the body.</td>
</tr>
<tr>
<td>Early 1900s</td>
<td>Doctors realised that the brain caused mental illness. Various therapies, including psychoanalysis, were developed. Large asylums were built to house and treat people with mental illness.</td>
</tr>
<tr>
<td>Mid-1900s</td>
<td>Different therapies were developed and used. Examples included new drug treatments and electroconvulsive therapy (ECT), which involved sending strong electrical currents to the person’s brain.</td>
</tr>
<tr>
<td>Late 1900s</td>
<td>Deinstitutionalisation of people from the large mental hospitals meant that people were no longer living in the asylums and were treated in the community. Newer drugs, with fewer side effects, for mood and psychotic disorders were tried.</td>
</tr>
<tr>
<td>2000s</td>
<td>There is ongoing research into the causes of mental illness. There is increasing client and carer involvement in treatment. Development of drugs and different types of therapies is ongoing.</td>
</tr>
</tbody>
</table>

What is mental illness?

A person with good mental health feels well, acts in a socially acceptable way and functions well in life. They are happy, productive and can maintain good relationships with other people. When a person has a mental illness, they may not function as well in their day-to-day lives as they used to. The way they feel and act may cause problems in other areas of their lives. For example, if the person is experiencing depression they may not be able to get out of bed, go to work or go out with friends.
Everybody experiences changes in their mental health as they go through different stages of life. Mental health can be affected by stress. Stress may be caused by changes in relationships such as the death of a loved one or a relationship breakdown or conditions in the home or workplace.

During stressful times people can become anxious, sad or confused. The stress, anxiety or sadness does not normally last for a very long time. People will usually start to feel better as time passes. They will usually return to their normal mental state. People are able to manage stress and their problems better when they have good mental health and look after their physical wellbeing.

Mental illness is a general term used to describe a range of health conditions that affect the way a person thinks, feels and behaves. These illnesses can range in severity and duration. Mental illness can be caused by many things. For example, a person’s mental health can be affected by:

- chemicals – for example, alcohol and some drugs
- environment – a reaction to the conditions at home or work such as violence or extreme stress, the death of a family member or friend
- biology – including genetics, chemical imbalances in the body and damage to the brain that a person is born with or is likely to inherit through their family.

Each mental illness has treatments that relieve the symptoms and assist people to function better. Most people can control their mental illness with medication, counselling or both. With treatment, they can live very rewarding lives.

**Major types of mental illness**

There are many forms of mental illness. Some main types of mental illness are psychotic disorders, mood disorders and dementia.

<table>
<thead>
<tr>
<th>Type of mental illness</th>
<th>How it affects people</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotic disorder</td>
<td>People with this type of illness have problems understanding what is real and what is not real. They can taste, feel, hear, smell or see things that other people do not experience. They can also have strange or unusual thoughts.</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>Mood disorder</td>
<td>People with this type of illness experience extreme moods. They can feel very sad and tired (depressed) and then change to feeling very happy and energetic (manic). These feelings can affect a person’s ability to cope with everyday life. People who have good mental health also have moods but their moods are more moderate.</td>
<td>Bipolar affective disorder or depression</td>
</tr>
<tr>
<td>Dementia</td>
<td>Dementia affects thinking, reasoning and memory. It affects intellectual functioning or mental health. Dementia is not a single illness. There are different types of dementing illnesses.</td>
<td>Alzheimer’s disease, vascular dementia or Lewy body dementia</td>
</tr>
</tbody>
</table>
Recognised mental disorders include generalised and specific anxiety disorders, social phobias and panic anxiety; obsessive compulsive disorder; post-traumatic stress disorder; borderline personality disorder; and the eating disorders anorexia and bulimia.

People with mental health problems need to be supported and given information to help them understand and manage their illness. They can be supported by various professionals and in a variety of settings.

The term 'mental illness' began to be used in the early 1900s. Before this time, people with mental illness were often housed in asylums and referred to as inmates. From the early 1900s these institutions began to be described as hospitals and the term inmates was dropped in favour of patients. Psychoanalysis, psychology and social work began to emerge as professions that were involved in treating patients with mental illness.

Throughout the twentieth century new treatment regimes were developed, trialled and implemented that sought to improve or at least control the behaviour of people living with mental illness. Treatments such as lobotomy, insulin shock therapy and electroconvulsive therapies were used with varying degrees of success. Medications such as lithium and benzodiazepines also gained widespread use, although this was met eventually with public and medical concerns related to dependency problems.

From the 1960s various governments and health professionals began to actively promote and support the deinstitutionalisation of those living with mental illness. Community health services increased from this time. Patients were more likely to be living in the family home or a community health service rather than a hospital. In many societies this led to many people with mental illness becoming homeless or living in prison as they found the new community services were either inadequate or did not meet their needs.

Throughout the 1990s new therapies and medications were developed to improve outcomes and promote the health and welfare of those living with mental illness. Cognitive behavioural therapy re-emerged as a form of treatment that proved successful for specific types of mental illness. It was during this period, also, that the recovery model was developed.

The recovery model is an approach to mental illness or substance dependence that emphasises and supports each individual's potential for recovery. Recovery is a personal and ongoing process, defined and led by the individual. Health professionals and organisations will develop specific strategies to implement a recovery model that seeks to support the recovery process of people with recurring mental illness by providing collaborative and integrated care. The recovery model identifies key skills, including needs assessment and motivation enhancement for encouraging behavioural change, goal planning and performance of tasks. Section 3.5 of this learner guide explains the recovery model in greater detail.
Support and care for people with mental illnesses

Support and care should always be provided in the least restrictive manner. This means treatments should have the least possible effect on the person’s freedom while still providing positive outcomes. Sometimes, it may be necessary to try many different treatments before the person starts feeling better. If these treatments do not work, the person may need to be admitted to hospital for medical treatment.

Most mental health support and care services are provided in the community. Workers and volunteers who have been trained in mental health work provide valuable support to people with mental illnesses and their carers.

The care provided to people with mental health problems has improved over the years. People with mental illness are now consulted about their care. Clients and their carers are encouraged to make decisions about their treatment and what happens to them.

The stigma linked to mental illness has affected people throughout history and is still a problem today. People with a mental illness have to face the challenges of dealing with their illness. They may also have to face being discriminated against by other people. Better education means that people are now more aware of mental illnesses and more accepting of people affected by mental illness. Much more needs to be done to reduce stigma and improve the quality of life for people with mental health issues.

Practice task 1

Read the case study, then answer the questions that follow.

Case study

Andrew is 28 years old and lives with his mother Olga. Andrew has been diagnosed with schizophrenia and his treatment is managed by the local mental health team. Andrew takes medicine to help with his schizophrenia and he has been well for the past nine months.

When Andrew becomes unwell he starts to isolate himself. He refuses to go to his medical appointments and has regular disagreements with Olga. Andrew also has strange thoughts about people wanting to harm him. Sometimes he hears voices telling him to hurt himself.

Vince has been Andrew’s community services worker for the last three years. He is a volunteer who has had mental health training. Vince supports Andrew with his social needs such as going out into the community. Vince visits once a week and he and Andrew enjoy various recreational activities. They go bowling, to the movies and bike riding. Andrew looks forward to their time together. Vince is worried about Andrew. He feels Andrew has changed over the last few weeks. Andrew isn’t interested in social activities. He has also been hearing voices recently. Olga tells Vince that she and Andrew had a fight the night before. Andrew told her his meal tasted as if she had put something in it. Andrew told Vince he thought it was poison. Olga became upset that he was fighting with her.

1. Describe how you would expect that Andrew would have been treated if he had been born in the 1800s.

2. What care and treatment would Andrew receive as a client in a modern mental health service?
1.2 Understanding social, political and economic changes in the mental health sector

Mental health work is affected by developments in a number of areas, including:

- science and medicine – for example, new drug treatments that are more effective with fewer side effects, and behavioural therapies
- social integration – for example, services that match the person’s needs, and increased social involvement in the community
- politics – for example, government policies that support moving people from hospitals into community-based settings
- the economy – for example, increased funding directed at mental health issues.

Mental health workers are expected to be skilled and know about current work practices. Mental health workers also need to be aware of changes that are occurring. Workers need to be familiar with new practices, treatments and ways of working that are being used.

Governments are currently doing more to help people with mental illnesses than in the past. Governments fund projects to research mental illness and provide better mental health services. This funding helps to provide:

- trained workers
- community services and support
- programs to educate the general public about mental illness
- public awareness campaigns such as TV and radio advertisements to help the community understand mental health issues and how to respond to people with mental health problems.

There is also a stronger focus on achieving the best possible outcomes for people affected by mental illness. There has been a positive change to manage mental illness better over the last few years. Governments continue to provide support and funding for clinical care and interventions. Research is also continuing to develop better treatments and care options for people with mental illnesses.

Changes to mental health work

The way support and services are provided to people with mental illnesses has changed. Some of these changes have been caused by social factors, political issues or economic reasons. These factors are usually very closely linked and can affect each other. For example, changes in public thinking will influence which party is in government. Government policy may change and affect funding for mental health services. This may affect how the public thinks about an issue.
Social changes
There is now a person-centred approach to mental health care. This means services need to match the person's needs rather than the person having to 'fit in' with the service. It is accepted by society and people working in the mental health sector that the client should be the most important part of the service.

There are also fewer stigmas linked to mental health issues. The public is more aware of the facts about mental illness and the different types. This means that people with mental illness are more likely to be included by the community they live in and feel less isolated.

In recent years there has been an increase in awareness among health professionals and organisations, including governments, on the particular issues related to mental illness experienced by specific groups in the community. Indigenous Australians, young people, seniors and those from culturally and linguistically diverse backgrounds may require different forms of assistance and support to manage their illness and lifestyle.

Political changes
Government policies encourage the community to take a greater responsibility in supporting people with mental illness. Governments have developed legislation and regulations that mental health services must follow to achieve better outcomes and to promote social inclusion and equity for people with mental illness. A range of legislation has been developed to protect the rights of people living with a mental health problem.

State and territory legislation provides the legal framework for the care and treatment of people living with mental health problems, whether in the community or in a psychiatric facility. A range of national standards have been developed in Australia relating to mental health services. Various national, state and territory policy documents, including the second and third national mental health plans outline the rights of people with mental health problems to participate in the development, monitoring and review of their own personal recovery plans.

Individual state and territory governments provide a range of mental health services such as inpatient, hospital-based and community mental health services. State and territory governments are the major providers of acute services for people with serious mental illness.
Governments fund and develop strategies and programs that improve service delivery; for example, improved early intervention strategies and programs. Employment services of both state and federal government departments provide employment placement and support to people with a mental illness.

State and territory governments implement strategies that assist with community-based living. In New South Wales, for example, the Housing and Accommodation Support Initiative (HASI) has been designed to assist people with mental health problems and disorders requiring accommodation support to participate in the community.

Community-based non-government organisations (NGOs) working with people living with mental health problems and psychiatric disability offer a diverse range of services aimed at supporting individuals to achieve and maintain improved quality of life and health outcomes. These groups may also advocate on behalf of members on particular issues or identified community needs such as improved access to services and improved community awareness on mental illness.

**Economic changes**

In recent years governments have increased funding for mental health services. Governments need to help the community to support and provide services to people with mental health problems.

Governments are also spending more money setting up prevention and early-intervention programs for people who may develop mental illness. These programs reduce the chances of a person developing a mental illness. This is better for the person, their carers and the community because there are fewer people who need to go to hospital.

**Current mental health services**

Mental health services can be divided into two main areas:

- clinical services, which focus on assessing a person’s mental health and deciding on what treatments they will need to feel better
- non-clinical services, which provide support to help the person deal with their everyday lives while they are receiving treatment.

Clinical and non-clinical services can be divided into other types of services as outlined in the following table. Each state and territory has a slightly different structure for mental health services.
## Chapter 1: Working in the mental health sector

### Mental health services in Australia

<table>
<thead>
<tr>
<th>Clinical services</th>
<th>Non-clinical services</th>
</tr>
</thead>
</table>
| Clinical services provide assessment, diagnosis, treatment and clinical case management to people with serious mental illness. These services can be divided into:  
    - child and adolescent (teenagers)  
    - adult  
    - older people.  
Clinical services are specialist services that focus on specific groups such as mother and baby, people with eating disorders or people with dual (more than one) disability. | Non-clinical services support clinical services. They focus on:  
    - reducing the impact of mental illness on a person’s daily life  
    - reducing social disadvantage caused by the person’s illness  
    - improving people’s chances to live successfully in their own community. |
| Community mental health services, which offer:  
    - crisis assessment and treatment (CAT) services that provide emergency support  
    - mobile support and treatment services (MSTS)  
    - long-term support services  
    - homeless outreach services. | Mutual support and self-help services provide information sharing and peer support for people with a mental illness and their carers, such as:  
    - sharing personal stories and how they manage with their illness  
    - providing information on mental illnesses and contacts for clinical services  
    - increasing community awareness of mental health issues. |
| In-patient services, which offer:  
    - acute care for people with serious mental health problems who need immediate care  
    - community-based accommodation, such as community care units for people with mental illnesses  
    - secure extended care for people with serious mental illnesses who may harm themselves or others. | Planned respite services, which offer:  
    - a short-term change in environment for people with mental illnesses  
    - short-term breaks for carers of people with mental illnesses  
    - recreational day activities and holiday activities for people with mental illnesses  
    - in-home support and residential respite that gives carers a rest break or time off. |
| Consultation services, which offer:  
    - information and links with other services, some of which are available in a hospital setting  
    - diagnosis and treatment of patients with mental illness symptoms. | Residential support programs, which offer:  
    - supportive group housing to prepare people with mental illnesses to live in the community  
    - skill development for people with mental illnesses to manage their money, do housework, find employment and make social contacts. |
| Primary mental health teams, which offer:  
    - support for care providers, such as doctors and community health services, to recognise and respond to mental health disorders  
    - consultation, education and training services. | Non-residential support programs, which offer:  
    - day support for people with mental illnesses in day centres  
    - day support for people with mental illnesses in their own homes. |
Practice task 2

In this practice task you are asked to identify and describe the various factors that impact on a specific mental health service. You may wish to evaluate the environmental factors that impact on either the mental health service that employs you or an organisation that you have investigated using a range of printed or electronic sources.

Use the information that you gather to complete a table similar to the following:

<table>
<thead>
<tr>
<th>Name of service</th>
<th>Location</th>
<th>Services provided</th>
<th>Clients</th>
<th>Political impacts</th>
<th>Economic impacts</th>
<th>Social impacts</th>
</tr>
</thead>
</table>

Job roles in mental health work

Mental health workers provide a range of community services and support to people who have a mental illness. The following table gives some examples of job roles in clinical and non-clinical mental health settings. These job roles are divided into three levels or types of worker:

- management
- direct service workers
- support workers.

There are many more job roles in the mental health sector. These are just a few examples.

<table>
<thead>
<tr>
<th>Worker level</th>
<th>Clinical setting</th>
<th>Non-clinical setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>• Psychiatric nurse</td>
<td>• Human resources manager</td>
</tr>
<tr>
<td></td>
<td>• Psychiatrist</td>
<td>• Project manager</td>
</tr>
<tr>
<td></td>
<td>• Senior case manager</td>
<td>• Volunteer manager and coordinator</td>
</tr>
<tr>
<td></td>
<td>• Senior clinical psychologist</td>
<td>• Policy manager</td>
</tr>
<tr>
<td></td>
<td>• Senior social worker</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 1: Working in the mental health sector

<table>
<thead>
<tr>
<th>Worker level</th>
<th>Clinical setting</th>
<th>Non-clinical setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct service workers</td>
<td>• Psychologist&lt;br&gt;• Nurse&lt;br&gt;• Doctor&lt;br&gt;• Pharmacist&lt;br&gt;• Welfare officer&lt;br&gt;• Social worker&lt;br&gt;• Drug and alcohol worker&lt;br&gt;• Maternal child and health care nurse&lt;br&gt;• Dual disability worker&lt;br&gt;• Community mental health team&lt;br&gt;• Crisis assessment and treatment team – emergency situations</td>
<td>• Case manager&lt;br&gt;• Psychiatric services officer&lt;br&gt;• Community development worker&lt;br&gt;• Residential worker&lt;br&gt;• Outreach worker&lt;br&gt;• Rehabilitation and support worker&lt;br&gt;• Respite care worker&lt;br&gt;• Mental health promotion officer&lt;br&gt;• Client advocate or mediator&lt;br&gt;• Employment support worker&lt;br&gt;• Housing support worker&lt;br&gt;• Youth worker&lt;br&gt;• Drug and alcohol worker&lt;br&gt;• Volunteer</td>
</tr>
<tr>
<td>Support workers</td>
<td>• Client consultant&lt;br&gt;• Carer consultant&lt;br&gt;• Administration worker&lt;br&gt;• Receptionist&lt;br&gt;• Patient care worker&lt;br&gt;• Volunteer&lt;br&gt;• Helpline worker&lt;br&gt;• Police sector&lt;br&gt;• Ambulance paramedic</td>
<td>• Receptionist&lt;br&gt;• Administrative worker&lt;br&gt;• Home carer&lt;br&gt;• Personal carer&lt;br&gt;• Home help&lt;br&gt;• Cleaner&lt;br&gt;• Meals on Wheels driver&lt;br&gt;• Volunteer&lt;br&gt;• Kitchen staff</td>
</tr>
</tbody>
</table>

The specific tasks that a mental health worker is required to perform will vary depending on the organisation that they work for and their job role. A person’s job description should identify the tasks, responsibilities and performance measurements that they are expected to perform.

Mental health workers undertake a range of activities to service and support the needs of their clients. These could include:

- advocating for clients and telling others what they might need
- supporting people when they are unwell
- delivering and developing services in mental health
- participating in networks
- sharing information with the wider community
- developing community resources
- working with other services to support clients
- training small groups
- coordinating community education programs
- facilitating group activities for clients
- identifying and responding to individuals at risk of self-harm, including suicide.
Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

- Myths about mental health encourage people in the wider community to attach a stigma to those who have a mental illness, which prevents them from getting the help they need. How could mental health workers help to eliminate the stigma attached to mental illness?
- Work with your group to develop a response to the following question: Are mental illnesses incurable and lifelong?
- Form two small teams and debate the following topic: Should people with a mental illness be isolated from the community?

Chapter summary

- When a person has a mental illness, they may not function as well in their day-to-day lives as they used to. The way they feel and act may cause problems in other areas of their lives.
- Throughout the twentieth century new treatment regimes were developed, trialled and implemented that sought to improve or at least control the behaviour of people living with mental illness.
- The recovery model is an approach to mental illness or substance dependence that emphasises and supports each individual’s potential for recovery. Recovery is a personal and ongoing process, defined and led by the individual.
- The way support and services are provided to people with mental illnesses has changed. Some of these changes have been caused by social factors, political issues or economic reasons. These factors are usually very closely linked and can affect each other.
- Mental health workers provide a range of community services and support to people who have a mental illness.

Checklist for Chapter 1

Tick the box when you can do the following.

- Understand the history of the mental health sector
- Understand social, political and economic changes in the mental health sector
Chapter 1: Working in the mental health sector

Working in the mental health sector can be a rewarding and exciting career. This chapter provides an overview of current issues in the industry. You will identify the different people in the mental health sector such as clients, carers and workers, and develop effective ways to collect information from them about mental health work.

In this chapter you will learn about:

2.1 Understanding current issues and different models of work in the mental health sector

2.2 Collecting information from different people about mental health work

Chapter 2: Developing knowledge of mental health work

Working in the mental health sector can be a rewarding and exciting career. This chapter provides an overview of current issues in the industry. You will identify the different people in the mental health sector such as clients, carers and workers, and develop effective ways to collect information from them about mental health work.

In this chapter you will learn about:

2.1 Understanding current issues and different models of work in the mental health sector

2.2 Collecting information from different people about mental health work
2.1 Understanding current issues and different models of work in the mental health sector

As described in Chapter 1, there have been many changes to mental health services over the years. Current issues affecting mental health work today include:

- government funding to provide better quality mental health services (more workers, more services, better access and support for clients and their carers)
- focusing on community-based services
- treating people earlier and managing mental illnesses better rather than sending a person to hospital when they are very unwell
- increasing client and carer participation in mental health treatments and encouraging people affected by mental illnesses to have a say in the way mental health services are changed and developed
- bringing mental health care into mainstream health care by:
  - providing community education about mental health issues
  - promoting ways people can improve their mental health and wellbeing
  - reducing the stigma of mental illness
  - creating one holistic service that meets all health needs, including mental health
  - supporting and promoting basic human rights and developing better recognition, treatment and care for people with mental illness and their carers
  - upholding the human rights of people with mental illness and their carers
  - advocating for people with mental illness and their carers.

Working in the mental health sector

There are different models (ways to work) within the mental health sector. It is important to recognise the different service types and what the services provide.

Different services have different aims and offer different types of support.

Mental health models

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service provided</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community development and education</td>
<td>Provide the community with opportunities to better understand mental health and illness.</td>
<td>Mental health awareness campaigns in the local community such as talks by experts, presentations and information nights.</td>
</tr>
</tbody>
</table>
## Chapter 2: Developing knowledge of mental health work

<table>
<thead>
<tr>
<th>Service type</th>
<th>Service provided</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health promotion</td>
<td>Develop policies and programs to support mental health services. Empower the client by supporting them to stand up for their rights. Educate the community on the impacts of social and economic influences on mental health and illness. Reduce stigma.</td>
<td>National awareness projects such as National Mental Health Week. This promotes good mental health and informs the general public about mental health issues.</td>
</tr>
<tr>
<td>Case management</td>
<td>A mental health professional supports a client to promote their recovery, independence and getting back into their community.</td>
<td>A case manager could be a: social worker, psychiatric nurse, occupational therapist, psychologist, doctor, psychiatrist.</td>
</tr>
<tr>
<td>Psychosocial rehabilitation</td>
<td>This service helps the client think and talk about their lives. They identify problems and solutions with a health professional so that they can return to their normal level of behaviour again.</td>
<td>The person is helped with their job, housing, social, recreational, learning and personal goals.</td>
</tr>
<tr>
<td>Self-help</td>
<td>This service helps the client to be actively involved in their own recovery and treatment.</td>
<td>The client joins a support group with people in the same situation. Information is provided to the client to help them manage their mental health issues.</td>
</tr>
<tr>
<td>Clinical mental health service</td>
<td>These services provide assessment, diagnosis, treatment and clinical case management to people with a serious mental illness.</td>
<td>Particular groups of people with mental health issues get support (for example, teenagers, older people, people with eating disorders).</td>
</tr>
<tr>
<td>Carer support</td>
<td>These services provide support and information to carers to help them look after people with a mental illness.</td>
<td>Respite care for carers or day care centres.</td>
</tr>
<tr>
<td>Supported employment</td>
<td>Services can support a client to find and keep a job.</td>
<td>Disability employment services.</td>
</tr>
</tbody>
</table>
Practice task 3

Rebekah is a volunteer in a mental health community centre. She provides support for several clients. Her role is varied and she does the following tasks:

- helps clients organise their grocery shopping
- supports clients to use public transport
- assists clients to look for work or identify study options.

In this task you are asked to investigate the qualifications and training Rebekah will need if she decides to seek employment as a community services worker in a mental health service. You should also investigate and record the types of roles/employment that would be available to Rebekah in a mental health service.

Role of the mental health worker

Mental health workers must be committed to working with people and helping them to manage their recovery. Effective mental health workers need to have a sympathetic and caring nature, as well as the ability to empathise with clients and develop a relationship based on trust and respect.

Good communication skills are essential. This includes the ability to listen carefully and use a range of questions (open, closed and probing) to develop a clear understanding of the client's needs. The role of the mental health worker involves maintaining a record of the service and support provided to clients, and in many services, mental health workers will need to prepare written reports. It is important that the mental health worker is able to communicate with a range of health professionals and has the communication skills required to participate in team meetings, lead group activities and network with individuals working in other services.

Mental health workers must be observant and able to interpret situations and identify problems. They may often be required to support clients by helping them to resolve conflict or negotiate with other parties that are involved in their recovery. Well-developed negotiating skills are required, not just when working with clients, but also to arrange support services from other government services, health providers or private agencies.

Mental health workers need a range of other personal qualities that help them to manage what can be a very emotionally and intellectually challenging role. A responsible and mature attitude and resilience will help the mental health worker to cope with the various problems and issues they may confront when supporting clients with a mental illness. Mental health workers usually work as a member of a team and will, therefore, require good team skills.
Chapter 2: Developing knowledge of mental health work

Practice task 4

Read the following list of situations and write down which mental health service type is required. Use the information in the previous table to help you. The first answer has been done for you.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Service type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jonah has a mental illness. He wants to find a job but he does not know what to do or how to get help.</td>
<td>Supported employment</td>
</tr>
<tr>
<td>Michael lives with his mother who has a mental illness. He is very supportive but feels like he needs some help.</td>
<td></td>
</tr>
<tr>
<td>Angela has a mental illness and has started to display symptoms that are putting her at risk. Her husband is concerned that she is becoming unwell very quickly.</td>
<td></td>
</tr>
<tr>
<td>Olga suffers from depression and attends a group whose members support each other and discuss ways to manage their illness.</td>
<td></td>
</tr>
</tbody>
</table>

Holistic treatment

There are some serious issues that may affect people who have mental illnesses. They must manage the symptoms of their illness and they may also need to cope with:

- potential isolation from their community
- low self-esteem
- poor motivation
- loss of social networks
- loss of income
- discrimination.

These extra problems can make recovery from mental illness much harder to deal with.

Mental health services support their clients holistically. This means that the services provide many different types of support to the person. For example, the service supports the client to deal with their mental health issues and also with other issues such as drug and alcohol use, poor health and nutrition and social isolation.
Having a mental illness can make you feel isolated.

Laws and guidelines for mental health work

There are many different laws, standards, regulations and guidelines that impact on mental health workers. For example, medication may be administered by a range of professional staff (for example, a registered nurse, doctor or personal care worker) whose duties and responsibilities may vary depending on the state or territory concerned. It is essential that all health workers know about the rules of medication administration that apply specifically to their organisation and their job role in the state they are working in.

Mental health workers should be aware of:

- legislation
- regulations and standards
- their obligations.

Some examples of these are included in the following table.

<table>
<thead>
<tr>
<th>Example</th>
<th>What it does</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legislation</strong></td>
<td></td>
</tr>
<tr>
<td>Mental Health Acts</td>
<td>State and territory Acts outline how to care for, protect and advocate for a person with a mental illness. They include community treatment orders, involuntary and voluntary admission to hospital.</td>
</tr>
<tr>
<td>Privacy Act 1988 (Cth)</td>
<td>Requires that personal information is protected and kept confidential.</td>
</tr>
<tr>
<td>Freedom of Information Act 1982 (Cth)</td>
<td>Allows people access to certain private information if they have a right to know; for example, a client is able to access their own medical records when correct procedures are followed.</td>
</tr>
</tbody>
</table>
### Chapter 2: Developing knowledge of mental health work

| **Disability Discrimination Act 1992 (Cth)** | Provides guidelines to ensure all people with disabilities are treated fairly, equally and without prejudice. |
| **Carers Recognition Acts (in some states and territories)** | There is a recognised need to support carers of people with mental illness in their caring role. Carers also have needs in their own right, which is recognised in this legislation. |
| **Criminal Law (Mentally Impaired Defendants) Act 1996 (WA)** | Aims to set up a framework to ensure all people with intellectual disabilities are adequately represented and supported when they are involved in the criminal justice system. |

#### Regulations and standards

| **National mental health service standards** | Provide guidelines that seek to improve the current mental health services available to all Australians. |
| **Occupational health and safety standards** | These nationally consistent regulations or standards provide a framework for laws in the states and territories. The standards and codes of practice are not legally enforceable unless state and territory governments adopt them as regulations under their principal OHS Acts. |

#### Legal system

| **Courts, police powers, court reports, tribunals, parole boards** | Courts apply the laws and make decisions when there is a problem between people or to protect people’s rights. |
| **Guardianship boards and tribunals** | These state and territory organisations assess whether a person with a disability is able to make a reasonable decision for themselves or whether they need an independent person to act in their best interests. |

### Mental Health Acts

Each state and territory has a Mental Health Act, which applies to the state or territory you work in. You should understand how this legislation may affect your work and your clients. State and territory legislation varies. However, it generally aims to establish, develop, promote, assist and encourage mental health services by implementing the following types of strategies:

- Ensure provision is made for the care, treatment, control and rehabilitation of people who are mentally ill or mentally disordered
- Promote the establishment of community mental health services to enable the care and treatment in the community wherever possible of people who are mentally ill
- Take into account the various religious, cultural and language differences of people with mental illness
- Provide a range of comprehensive and accessible services
- Permit appropriate intervention at an early stage of mental illness
- Assist people with mental illness to live in the community through the provision of direct support and provide for liaison with carers and providers of community services.
Read the following example about how a Mental Health Act affects one client.

**Example**

Mrs Gregory is a 52-year-old woman living in her own home. She is getting support from the local mental health professionals because her daughter is very concerned about her wellbeing. Mrs Gregory has started to act strangely and has been accusing people of trying to steal from her. She has stopped visiting her neighbours and says they are spying on her. She believes that they have set up cameras in her roof and are watching her. She said that she heard them laughing at her and that she has also heard them walking around in her roof. She refuses to eat because she thinks the food is poisoned and claims that she is going to buy a gun to protect herself.

Mrs Gregory is at risk of hurting herself or someone else if she does not get immediate treatment.

The mental health team assesses Mrs Gregory as being mentally ill and feels that she needs to go to hospital. She refuses to go to hospital because she thinks there is nothing wrong with her. She thinks that setting a trap for the people in her roof will solve her problems.

The Mental Health Act gives mental health professionals the authority to make a decision that will help the client. Using the Mental Health Act, Mrs Gregory is admitted to the mental health in-patient unit at the hospital. The mental health team places Mrs Gregory in hospital as an involuntary patient for assessment and treatment. In this case, the client is at risk of harming herself and possibly others and is not thinking or behaving normally.

**Current issues in mental health**

In Section 1.2 of this learner guide a range of environmental factors (for example society, politics and the economy) that impact on the care, treatment and management of mental illness was examined. The issues that confront and challenge people living with mental illness will vary depending on the changing influences of these various environmental factors. Effective mental health workers implement a range of strategies such as subscribing to journals, undertaking professional development and participating in networking activities, to ensure they remain abreast of current issues that affect their clients, their families and carers.

The following table outlines some of the current issues a mental health worker may need to investigate.

<table>
<thead>
<tr>
<th>Issue</th>
<th>How this issue affects clients, health workers and services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to help for people living in remote areas</td>
<td>Problems can include a lack of anonymity, social stigma and a perception that rural people should have the resilience to cope on their own. Distance, isolation and problems attracting health professionals to work in rural areas may impact on the services available to people living with mental illness in rural communities.</td>
</tr>
<tr>
<td>Barriers to the provision of home and community care services to culturally and linguistically diverse populations in rural Australia</td>
<td>Barriers may include a lack of information about the range of available services, cultural factors, and negative past and recent experiences for clients in dealing with both the broader community and service providers. Mental health service providers may have a lack of information about the profile of the local culture of a specific group in the community population and lack of experience in working with these groups.</td>
</tr>
</tbody>
</table>
Chapter 2: Developing knowledge of mental health work

<table>
<thead>
<tr>
<th>Mental health issues for Indigenous Australians</th>
<th>Data indicates that Indigenous Australians experience a higher rate of mental illness than the rest of the Australian community. Indigenous Australians do not have equal access to mental health services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugees and asylum seekers</td>
<td>Refugees and asylum seekers are at high risk of mental health problems as a direct result of the refugee experience and displacement. In addition, they come from a range of countries and cultures, and have a wide range of experiences that may affect their mental health.</td>
</tr>
</tbody>
</table>

**Practice task 5**

People living in rural areas of Australia have been experiencing a range of impacts such as lower incomes, loss of livestock and high unemployment as a result of the ongoing drought. The drought has led to individuals in rural areas experiencing increased levels of mental illness. The Australian government has established various services such as a drought hotline and specialist advice from social workers at Centrelink offices to assist those suffering crisis and personal tragedy stemming from the environment.

In this practice task you are required to investigate the type of mental illness that could be experienced by people who are experiencing crisis such as drought, bushfires or floods in rural areas of Australia.

You should also review the types of assistance available to those affected.

**Organisational policies and procedures**

In addition to national and state or territory guidelines and regulations, each organisation has its own policies and procedures that must be followed. Policies are important rules for everyone in the workplace. Procedures are ways of doing tasks. Policies and procedures are general guidelines that provide workers with instructions that they must follow. These instructions give information about the correct way to carry out tasks. Some policies and procedures are developed in response to legal requirements. Other policies and procedures are developed to standardise work practices so that everybody works according to the same rules, as in the following example.

**Example**

Amanda has just started work at the Calenderry Mental Health Centre and is reading about the policies and procedures at her new workplace. One of the policies is about occupational health and safety (OHS). This policy states that all workers have a responsibility to report dangerous or hazardous situations. Amanda also reads the procedures that go with this policy. The procedures give step-by-step instructions about what to do in an emergency. After reading the policies and procedures, Amanda feels confident that she knows what she should do in an emergency and why she should do it.
2.2 Collecting information from different people about mental health work

To develop a good understanding of their work, all mental health workers should collect information from a range of different people. At different times a number of different groups will have an interest in defining and responding to mental illness. These groups are known as stakeholders.

The following table explains the different people you might be working with. It also outlines how you can collect useful information to help you do your job well.

<table>
<thead>
<tr>
<th>Mental health stakeholders</th>
<th>How you can collect information</th>
</tr>
</thead>
</table>
| Clients (also known as consumers)                               | Always be respectful. Make sure that privacy and confidentiality is respected. Ask relevant and simple questions that are appropriate.  
For example, ‘Can I ask you about your illness?’                  |
| Carers                                                         | Always be respectful. Make sure that privacy and confidentiality is respected. Ask relevant and simple questions that are appropriate.  
For example, ‘How long have you been a carer? How does your son’s mental illness affect you?’ |
| Community organisations and government departments              | Many organisations have websites that provide information. Brochures and pamphlets are also a good source of information. |
| Clinical mental health professionals, for example, nurses, doctors, social workers, occupational therapists | Brochures and pamphlets provide information on the services that organisations or professionals offer. You can also contact organisations and ask questions by phone or email. |
| Co-workers                                                     | Co-workers can be a great source of information to help you develop skills in mental health work. You can ask co-workers about the organisation, their job role and experiences they have had. |
| Supervisors                                                    | Your supervisor will provide guidance on your work role. Supervisors can direct workers to guidelines, regulations, policies and procedures. |

Privacy and confidentiality

All states and territories have legislation that governs the handling of health information in both the public and private sectors. This includes public and private hospitals, other health care organisations and doctors. It also includes other organisations that have any type of health information. Health privacy legislation includes rules regarding the collection, storage, access and accuracy, disclosure, identifiers and transfer of information.
All mental health services must develop and implement a privacy and confidentiality policy, setting out procedures for the management of personal health information held by the service. The policy must explain how personal health information is collected and used within the service, and the circumstances in which it may be disclosed to third parties. It must also lay down procedures for:

- ensuring that the collection of personal health information is conducted in a setting that provides privacy and protects the information from access by unauthorised people
- obtaining the client or consumer’s consent to the use or disclosure of personal health information for the purposes of research and quality assurance and improvement
- ensuring that a client or consumer’s consent is relevant, accurate, up to date and not excessive
- providing clients or consumers with access to their personal health information upon request
- de-identifying personal health information where necessary
- collecting health information if possible directly from the client or consumer
- ensuring that personal health information is disclosed to third parties only where consent has been obtained
- protecting against unauthorised access to information while stored and transmitted in any form, including electronic, paper or verbal
- ensuring security against loss of data
- ensuring retention of individual medical records as required by legislation and regulations.

**Practice task 6**

Read the case study, then answer the questions that follow.

**Case study**

Angus is a 48-year-old man living on his own in a rented house. He receives support from a housing and accommodation support initiative for people with a mental illness. Angus has a mental illness and various physical conditions related to his obesity, including diabetes and cardiac problems. Angus has a history of non-compliance with his medication. This is a source of ongoing concern for his case manager and his family. The organisation managing his accommodation has received several calls from neighbours over the last week complaining that Angus’s house has developed a strong smell, rubbish is strewn around the garden and he has been naked when putting the rubbish bin out. The accommodation service has asked Angus’s case manager to call in and check on him daily.

The case manager has been unable to get Angus to agree to take his medication. Angus has threatened his case manager and his other community service workers on several occasions. Recently the accommodation service has received a call that a fire has started in Angus’s house. The case manager attended and established that Angus has remained non-compliant in regard to his medication. He arranged for a mental health order to be issued that requires Angus to give access to his mental health workers and to take his medication.
1. Identify the various people who are involved in the management of Angus’s health?
2. What types of information would they need to share about Angus?
3. How does the Privacy Act 1988 (Cth) impact on the sharing of information about Angus?
4. What will happen if Angus does not comply with the mental health order by refusing to open the door or if it becomes obvious that Angus is not taking his medication?

Discussion topics
Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› ‘Medication is potentially dangerous. Rules help us keep clients safe.’ Discuss.
› What do you think you would like about mental health work?
› Do you have any concerns about working in the mental health sector? If so, what are they?

Chapter summary
› Mental health workers must be committed to working with people and helping them to manage their recovery.
› Mental health workers need a range of other personal qualities that help them to manage what can be a very emotionally and intellectually challenging role.
› Mental health services support their clients holistically. This means that the services provide many different types of support to the person.
› Each state and territory has a Mental Health Act, which applies to the state or territory you work in.
› Effective mental health workers implement a range of strategies such as subscribing to journals, undertaking professional development and participating in networking activities to ensure they remain abreast of current issues that affect their clients, their carers and families.
› Policies and procedures are general guidelines that provide workers with instructions that they must follow.
› You can expect that the health privacy legislation in your state or territory will include rules regarding the collection, storage, access, accuracy, disclosure, identifiers and transfer of information.

Checklist for Chapter 2
Tick the box when you can do the following.
☐ Understand current issues and different models of work in the mental health sector
☐ Collect information from different people about mental health work
Chapter 3: Showing commitment to the values and attitudes of the mental health sector

Today, there is more acceptance and interest in managing mental illness. Our community is committed to supporting people who have mental health issues.

Mental health services continue to improve because of the commitment and the positive values and attitudes of mental health workers. These attitudes are about treating people equally and fairly, being client focused and supporting people in their community. Workers are encouraged to identify their own values and attitudes to ensure they take these principles into account when working in mental health.

In this chapter you will learn about:

3.1 Understanding the values and philosophies of the mental health sector
3.2 Treating everyone fairly and equally
3.3 Involving clients in service provision
3.4 Identifying your own values and attitudes about mental health issues
3.5 Promoting a focus on the recovery model and restoring people to their optimal potential
3.1 Understanding the values and philosophies of the mental health sector

A worker needs to understand the values, beliefs, attitudes and philosophy of their workplace because these form the foundation of the service. This knowledge allows the worker to make sense of what they are trying to achieve and determines how the service is delivered. The following table provides some examples of how you can use these values and attitudes in your mental health work. It lists the main values and attitudes towards mental health care and gives brief examples of how these approaches can be used to improve the service.

<table>
<thead>
<tr>
<th>Values and attitudes towards mental health care</th>
<th>How to use these values and attitudes to improve service provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holistic and client-centred approach</td>
<td>Encourage the client to take an active part in determining their treatment and care. Look at all areas of the client’s life.</td>
</tr>
<tr>
<td>Family-sensitive approach</td>
<td>Be aware of the needs of families, support them and include them in the process where possible.</td>
</tr>
<tr>
<td>Community education and promotion of mental health and wellbeing</td>
<td>Develop and deliver education on mental health and wellbeing. Outline what to do when someone needs help with their mental wellbeing/illness. Prevention is better than a cure.</td>
</tr>
<tr>
<td>Early intervention and delivery of appropriate services</td>
<td>Assess and treat people as early as possible because this often reduces the need for the person to go into hospital. Early intervention will lead to a faster recovery.</td>
</tr>
<tr>
<td>Commitment to meeting the needs and upholding the rights of clients</td>
<td>Inform clients about their rights at every stage of treatment and care. There are laws (for example, the Mental Health Acts) to ensure that rights of the client are upheld.</td>
</tr>
<tr>
<td>Commitment to empowering the client</td>
<td>There are now positions within the mental health sector for client consultants. These people have experienced mental illness and are committed to supporting other clients.</td>
</tr>
<tr>
<td>Encouragement of personal growth and development towards recovery and wellness</td>
<td>Treat clients as individuals who have strengths and lots to offer their community. Encourage the client to manage their illness by being empowered with knowledge and information rather than becoming isolated and withdrawn from society.</td>
</tr>
</tbody>
</table>

Principles and guidelines of mental health work

Principles are the main beliefs that help to determine shared goals. It is essential to identify the key principles of mental health work and define what they mean. This way, people can share the same understanding rather than guessing what the main beliefs are. Some of the principles that are important to mental health work are listed in the following table.
### Mental health principles

<table>
<thead>
<tr>
<th>Mental health principles</th>
<th>How these principles can be applied</th>
</tr>
</thead>
</table>
| **Focus on the person**                                                                 | - Address a client’s disability but do not focus only on the disability.  
- Focus on the client’s abilities and strengths and work with them to improve their quality of life.                                                                 |
| **Access and equity**                                                                   | - Promote fairness and provide clients with the services they need.  
- Provide a service based on the client’s need.                                                                                                                     |
| **Community-delivered service provision**                                               | - Treat clients in the ‘least restrictive environment’, such as their home. This means keeping people at home when possible and avoiding admission to hospital.  
- Ensure there are enough community services to support this principle.                                                                                          |
| **Client empowerment**                                                                  | - Give the client all the information and encourage them to make decisions about their own wellbeing.  
- Encourage the client to exercise their rights and improve their self-esteem and confidence.  
- Support clients to manage and overcome the stigma of having a mental illness.                                                                                  |
| **Ethics and values**                                                                   | - Ethics are moral values or principles.  
- The values of an organisation are the various beliefs and attitudes that determine how a worker should behave. If all is right, the ethics and values should match. |
| **Confidentiality**                                                                     | - Confidentiality means not giving personal or private information to other people if they have no need or right to know.  
- Clients are entitled to confidentiality.  
- Keep personal files locked away and only allow access by appropriate people.  
- Do not discuss a case with any person not in the mental health service and don’t discuss it in public where you could be overheard.  
- Be respectful of a person’s right to privacy.                                                                                                                      |

### Duty of care

One of the most important principles that you need to understand in relation to occupational health and safety is the duty of care. You may have heard this term used by the media when they are describing high-profile breaches of workplace health and safety guidelines. Duty of care describes the legal obligation that individuals and organisations have to anticipate possible causes of injury and illness that may exist in their environment or as a result of their performance. A person or organisation must do everything reasonable and practicable in the circumstances to remove or minimise the possible cause of harm.

You, your employer and your colleagues have a duty of care towards clients and their families, and each other.
Client rights

There are many rights that all people, including people with mental illness, have. Some of these rights include the right to:

- receive accurate and easy-to-understand information
- make decisions when possible
- access relevant services
- be free from discrimination
- be treated as an equal and with respect
- participate in their own care
- confidentiality
- complain and appeal.

Holistic and client-centred care

Holistic care means supporting the whole person, not just one part of them. It includes looking after the physical, emotional, psychological, social, economic, environmental and spiritual needs of the client.

Client-centred care means getting to know clients as individuals and treating them with the respect and dignity they deserve. It is about respect for people and their values, needs and individual preferences. Client-centred care aims for a partnership and teamwork between the client, their family and the professional care team. The client should be at the centre of care and the health services should revolve around the service user rather than around funding and/or mental health professionals.

<table>
<thead>
<tr>
<th>Value and philosophy</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holistic and client-centred approach</td>
<td></td>
</tr>
<tr>
<td>Family-sensitive approach</td>
<td></td>
</tr>
<tr>
<td>Community education</td>
<td></td>
</tr>
<tr>
<td>Promotion of mental health and wellbeing</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 3: Showing commitment to the values and attitudes of the mental health sector

<table>
<thead>
<tr>
<th>Value and philosophy</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early intervention</td>
<td></td>
</tr>
<tr>
<td>Rights of consumers</td>
<td></td>
</tr>
<tr>
<td>Personal growth and development towards recovery and wellness</td>
<td></td>
</tr>
</tbody>
</table>

National standards for mental health

The National Standards for Mental Health Services were endorsed by the Australian Health Ministers’ Advisory Council’s National Mental Health Working Group in 1996. The standards refer to clients as consumers (both terms have the same meaning in this learner guide). The purpose of the standards is to improve the quality of mental health care in Australia. The aim is to achieve this by adopting the following guiding principles:

- a focus on consumers and the achievement of positive outcomes for them
- a mental health system which emphasises comprehensive, coordinated and individualised care
- accountability to consumers, carers, staff, funding authorities and the community
- adequate resourcing of the mental health system
- an approach to consumers and carers that recognises their unique physical, emotional, social, cultural and spiritual dimensions
- community participation in mental health service development
- continuity of care through the development of links between mental health services and other organisations
- equally valuing the various models and components of mental health care
- equitable access to appropriate mental health services when and where they are needed
- informed decision-making by individuals about their treatment
- the promotion of optimal quality of life for people with mental disorders and/or mental health problems
- the recognition of the human rights of people with mental disorders as proclaimed by the United Nations Principles on the Protection of People with Mental Illness and the Australian Health Ministers’ Mental Health Statement of Rights and Responsibilities.

The intention of the working group was to develop a set of standards that could be used to review mental health services as part of an accreditation program, as a component of state and territory government funding arrangements, to underpin quality assurance programs and to inform consumers and their carers about what they can expect from a mental health service.
The following table describes each of the 11 standards.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rights</td>
<td>Consumers and their carers are provided with a written and verbal statement of their rights and responsibilities as soon as possible after entering the mental health service.</td>
</tr>
<tr>
<td>2</td>
<td>Safety</td>
<td>The activities and environment of the mental health service are safe for consumers, carers, families, staff and the community.</td>
</tr>
<tr>
<td>3</td>
<td>Consumer and carer participation</td>
<td>Consumers and carers are involved in the planning, implementation and evaluation of the mental health service.</td>
</tr>
<tr>
<td>4</td>
<td>Promoting community acceptance</td>
<td>The mental health service promotes community acceptance and the reduction of stigma for people affected by mental disorders or mental health problems.</td>
</tr>
<tr>
<td>5</td>
<td>Privacy and confidentiality</td>
<td>The mental health service ensures the privacy and confidentiality of consumers and carers.</td>
</tr>
<tr>
<td>6</td>
<td>Prevention and mental health promotion</td>
<td>The mental health service works with the defined community in prevention, early detection, early intervention and mental health promotion.</td>
</tr>
<tr>
<td>7</td>
<td>Cultural awareness</td>
<td>The mental health service delivers non-discriminatory treatment and support, which are sensitive to the social and cultural values of the consumer and the consumer’s family and community.</td>
</tr>
<tr>
<td>8</td>
<td>Integration</td>
<td>The mental health service is integrated and coordinated to provide a balanced mix of services which ensure continuity of care for the consumer, integration with other health service providers and sectors at local, state and national levels to ensure specialised, coordinated care and promote community integration for people with mental disorders or mental health problems.</td>
</tr>
<tr>
<td>9</td>
<td>Service development</td>
<td>The mental health service is managed effectively and efficiently to facilitate the delivery of coordinated and integrated services.</td>
</tr>
<tr>
<td>10</td>
<td>Documentation</td>
<td>Clinical activities and service development activities are documented to assist in the delivery of care and in the management of services.</td>
</tr>
<tr>
<td>11</td>
<td>Delivery of care</td>
<td>The care, treatment and support delivered by the mental health service is guided by: choice, social, cultural and developmental context, continuous and coordinated care, comprehensive care, individual care and least restriction.</td>
</tr>
</tbody>
</table>
Chapter 3: Showing commitment to the values and attitudes of the mental health sector

3.2 Treating everyone fairly and equally

Everyone has the right to be treated fairly and equally, and have access to the same things. This means that you must not treat someone differently because of their race, religion, gender, age, health status, financial status, marital status, disability or sexual orientation.

Being polite, kind and considerate towards other people is much more effective than being rude and thoughtless. Treat other people the way you would like yourself or a loved one to be treated. This means treating people with respect and dignity.

Apart from the moral obligation to treat everyone fairly and equally, there are also laws that ensure people do the right thing. These include anti-discrimination laws and equal opportunity guidelines. These are discussed in Chapter 2.

Working within guidelines means the worker is acting legally. If the worker does not work within the guidelines for access and equity, they may be breaking the law. For example, not providing a mental health service to a client with depression because they are a drug user is discrimination and against the law.

Each organisation's policies and procedures are based on their values, attitudes and the law. An organisation should show commitment to the principles of access and equity. This can be done if the organisation:

▶ creates a client-focused culture; for example, appointing a client consultant to support other people with mental illnesses
▶ takes a non-discriminatory approach to all people using the service, their family and friends, the general public and co-workers; for example, having information brochures in several languages to ensure that everyone has a chance to understand them
▶ ensures all cultural, physical, religious, economic and social differences are respected; for example, celebrating different cultural and religious events at the mental health day centre such as Christmas, Chinese New Year, St Patrick’s Day.

Valuing and accommodating diversity means we avoid stereotypes and prejudices and we don’t discriminate against people. When we assign the same characteristics to all members of a particular group, we are stereotyping them. For example, we are stereotyping when we think, feel or say that, ‘all people with mental illness ...’, or ‘all old people ...’. To be prejudiced means to think or feel less favorably about someone or a group without any reason. Stereotypes and prejudice often lead to discrimination; to treating someone less fairly than another person because of some difference.

Disability

The term ‘disability’ refers to conditions that impair or interfere with the ‘normal’ way of doing things. The Australian Government defines disability in the Disability Discrimination Act 1992 (Cth) as:

▶ total or partial loss of the person’s bodily or mental functions; or
▶ total or partial loss of a part of the body; or
▶ the presence in the body of organisms causing disease or illness; or
the presence in the body of organisms capable of causing disease or illness; or
the malfunction, malformation or disfigurement of a part of the person's body; or
a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour.

According to Australian law, disability includes physical, intellectual, psychiatric, sensory, neurological, and learning disabilities such as dyslexia. It also includes physical disfigurement and disease. A disability can result from an accident, a genetic disorder, infection, birth or a psychiatric condition. There are many different types of disability with varying degrees of severity. People can have more than one disability.

People with disabilities have often had to overcome barriers, deal with enormous changes and adapt to different lifestyles, technologies and tools, as well as different methods of communication.

Being able to respond effectively and sensitively to these issues in your day-to-day work with clients means:

- acknowledging that differences exist between people, but that no person deserves less courtesy or respect because of those differences
- not ignoring or dismissing differences but giving them appropriate attention, where attention is warranted
- recognising that people have a right to be different and all individuals should be treated fairly, regardless of any perceived differences.

**Responding to diversity**

In the workplace, treating colleagues or clients differently because of prejudices you have about their social differences is not appropriate. Treat all people with the same amount of respect and dignity and they will be able to display and use their actual talents and qualities.

Confronting and overcoming prejudices and stereotypes can be difficult. Remember:

- everyone is different
- everyone has a right to be different
- everyone has a right to be treated fairly.

The most effective action you can take to overcome prejudice is to form relationships with people. Listen to what the people tell you about themselves, not what others tell you or what you have gathered from social stereotypes. Overcoming fears and prejudices that prevent effective working relationships and accommodating the diversity you find in your workplace is an important part of being a successful mental health worker.
The following example shows a worker dealing sensitively with cultural and linguistic diversity.

Example
Carla works in a community centre and understands that people are nervous when they first come to the centre. Because the centre is in a very multicultural suburb, it has a lot of clients who do not speak English very well and are unaccustomed to Australian community services. Carla makes sure she speaks slowly and clearly to her clients and provides written information to them in a number of languages. She asks them if they need an interpreter or family member present. She asks how to pronounce their names properly and how they prefer to be addressed, and records the information for future reference. She asks them whether they have any religious or cultural beliefs she should know about.

Following legislative requirements and enterprise guidelines
Organisations in Australia must comply with a variety of federal Acts and national standards. For example, the organisation you work for, or the training organisation you study with, must operate in accordance with the following Acts:

- Racial Discrimination Act 1975
- Freedom of Information Act 1982
- Sex Discrimination Act 1984
- Australian Human Rights Commission Act 1986
- Disability Discrimination Act 1992
- Age Discrimination Act 2004

The Disability Discrimination Act 1992 gives a broad definition of ‘disability’ and prohibits direct or indirect discrimination based on disability. It also prohibits discrimination against people associated with people who have disabilities; these may be friends, relatives, carers and co-workers. The Act makes it unlawful to discriminate in the areas of:

- employment
- education
- access to public premises
- purchase of house and land
- provision of goods, services and facilities
- administration of laws and programs.

Exemptions to the Disability Discrimination Act 1992 include when a potential employer would be placed under unjustifiable hardship in order to employ a person with a disability, although the employer is expected to make reasonable adjustments. An example of an unjustifiable hardship might be the cost of extensive renovations to allow for wheelchair access to and throughout a small, second-floor studio owned by a small business.
Breaches of the Acts

When a person thinks that an organisation has breached an Act, that person can complain to the appropriate equal opportunity commission. The commission will investigate the complaint and try to come to some arrangement that will reconcile the problem. Equal opportunity commissions can administer conciliation between the complainant (the person who is complaining) and the respondent (the person or organisation accused of discrimination). If the conciliation is not acceptable to either party, further action can be taken.

State and territory legislation

Anti-discrimination, equal opportunity and human rights legislation varies between states and territories. The following is a list of agencies that deal with discrimination legislation in your state or territory.

<table>
<thead>
<tr>
<th>Australian Capital Territory</th>
<th>ACT Human Rights Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>Anti-Discrimination Board of New South Wales</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>Northern Territory Anti-Discrimination Commission</td>
</tr>
<tr>
<td>Queensland</td>
<td>Anti-Discrimination Commission Queensland</td>
</tr>
<tr>
<td>South Australia</td>
<td>Equal Opportunity Commission</td>
</tr>
<tr>
<td>Tasmania</td>
<td>Office of the Anti-discrimination Commissioner</td>
</tr>
<tr>
<td>Victoria</td>
<td>Victorian Equal Opportunity and Human Rights Commission</td>
</tr>
<tr>
<td>Western Australia</td>
<td>Equal Opportunity Commission</td>
</tr>
</tbody>
</table>

Practice task 8

You have been asked by the manager at the mental health service where you are employed to develop a social club for clients of the service. The social club will operate out of the local community services centre.

Your manager reminds you to be sensitive to the cultural beliefs of the local community. The mental health service operates in an area with a high population of Muslim families. A significant number of the clients of the mental health service are Muslim.

You need to develop a program of suitable activities for the social club that is designed to engage all clients of the service.
3.3 **Involving clients in service provision**

Mental health services support people with mental illnesses. People with mental illnesses are the best people to tell you what services they need and want. If they are unable to do this themselves, they may have a guardian or advocate to protect their rights and ensure services best meet their needs.

Clients of mental health services have the right to participate in and give their opinions on their care. Organisational policies and procedures promote empowering clients so that they can be involved. Guidelines state that clients should be consulted and involved in service provision. The client is in a good position to identify issues that need to be addressed. Their opinions can influence the services that they use. The client’s ability to take responsibility for and control of their life is also central to their quality of life and recovery.

There are different levels of participation for clients. The client can participate:
- as an individual, which means the client has direct input into their own care
- as part of the local mental health service, which means the client can influence the way their service is provided
- at the government level, which means the client can have input into policy and government plans for current and future mental health services.

Clients can get involved by:
- being part of an interview panel for mental health jobs
- developing and reviewing policies and procedures
- advocating for other clients when they have issues
- being part of education, mental health promotion and awareness programs
- giving their views on research projects in areas such as service improvement, access and equity.

Mental health services can support client involvement by:
- making sure clients are fully informed before they commit to roles and responsibilities
- making sure the client feels welcome and safe
- being flexible and observant – there may be times when the client has poor mental health, needs a rest and requires extra support
- avoiding the use of technical terms and making communication easily understandable
- encouraging clients to support each other and work together.
Indigenous culture in relation to mental health

Aboriginal and Torres Strait Islander (ATSI) people experience a higher rate of mental illness than the rest of the Australian community. There are many factors that contribute adversely to the mental health of Aboriginal and Torres Strait Islanders. It is important you appreciate that issues such as dispossession of their land and culture and discriminatory practices have resulted in Indigenous people feeling unvalued in Australian society. The feelings associated with these practices impact the lives of Aboriginal and Torres Strait Islanders in varying degrees. The likelihood of an individual developing a mental illness is pronounced where a history of childhood separation from biological parents, neglect or institutionalisation exists.

Research indicates that Western approaches to mental health are not well equipped to support and understand the impacts of these issues on Indigenous people, which results in a serious lack of appropriate service provision. You may be aware from media reports that Australia’s Indigenous population experiences many health problems. These physical health problems may impact negatively on an individual’s mental health.

Researchers have found strong links between mental health problems of Indigenous people and homelessness, social disadvantage, substance abuse and rates of imprisonment.

You should continue to undertake professional development to equip you with the skills and knowledge required to ensure that Indigenous clients have the opportunity to participate in planning their own recovery. Being aware of the barriers to Indigenous people accessing available mental health services will assist you to develop strategies with your own workplace that promote access and participation. Barriers to access include:

- geographic isolation
- lack of culturally appropriate services
- lack of Indigenous staff in service
- limited training of mental health services staff regarding Indigenous issues
- substance abuse – many of your service’s clients may also experience problems related to substance abuse. The dual diagnosis of addiction and mental illness presents additional problems in providing appropriate treatment to address their needs in relation to their addiction and their mental illness.
- cultural gap – mental health services may not sufficiently recognise or adapt programs to Aboriginal culture, causing a large gap between service provider and clients or consumers
- stigma and stereotyping – contribute to limited use of mental health services by Indigenous people.
Chapter 3: Showing commitment to the values and attitudes of the mental health sector

Practice task 9

Read the case study, then answer the questions that follow.

Case study
Barry has had a mental illness for many years. His mental illness is a result of his history of substance abuse of alcohol and drugs. His mental illness causes him to experience paranoia and severe memory loss. He is unable to maintain a job and is estranged from his family.

Barry has tried on many occasions in the past to address his substance abuse problems without much success. He has recently contacted his mental health worker for assistance in accessing Reeves House, a local voluntary detox facility.

You are employed as Barry’s mental health worker. You need to help him gather information about voluntary detox facilities. You should consider:

1. What types of services does the facility offer?
2. What is the daily routine for clients and patients?
3. What would Barry’s rights be as a patient of the facility?
4. What would Barry’s responsibilities be in the facility?
5. What outcomes could Barry hope to achieve?
3.4 Identifying your own values and attitudes about mental health issues

Everyone is an individual with the right to their own thoughts, feelings and beliefs. Both clients and workers have their own thoughts, feelings and beliefs. These different thoughts and opinions should be encouraged and respected. As a mental health worker, it is important to recognise your feelings and how they may influence the way you do your job.

Workers have a responsibility to maintain ‘unconditional positive regard’ towards their clients. This means that you must perform your role regardless of the person’s illness; you shouldn’t judge people and you should always have a positive and helpful attitude towards them.

Section 3.1 discusses the values and attitudes that an organisation may have. In this section you will learn about personal beliefs, values and attitudes. Your beliefs are the thoughts you have about yourself, other people and the world around you. Values and attitudes are the way we think things should be and how people should act. For example, a person should be kind, honest and open minded.

You should always respect the views of other people even if they are the complete opposite of your own. This means you shouldn’t try to force your own attitudes and values onto others. You don’t have to agree with the other person but you should always be polite and listen to what they have to say. You should keep an open mind when listening to others. Not listening and being judgmental can harm the relationship you need to build with your clients. A worker may miss important information or miss signs that something is not right if they are not keeping an open mind.

It is healthy to challenge your own opinions as you continue to learn throughout life, as shown in the following example.

Example

Glenda is a mental health worker who supports a number of people in their own homes. Many of her clients come from various cultural backgrounds with very different beliefs and traditions to her own. Glenda has tried different foods and has learnt some new words in different languages. She is also learning about the significance of various types of clothing that represent religious beliefs. Glenda understands that some cultures treat women differently.

These differences have never interfered with the way Glenda works. In fact, she feels that she has become a better informed and more tolerant person because of the different things she has learnt. She loves her job.
Practice task 10

Read the case study, then answer the questions that follow.

Case study

Craig is a support worker for the local mental health day centre. He also drives the bus that takes clients to the shopping centre. He has worked there for the past few months and generally enjoys his job. There is an older client, Mrs Blahut, who believes that Craig should get off the bus to help her to her seat. Craig thinks she is capable of getting on the bus and getting to her seat by herself. Mrs Blahut wants to be seated before Craig is. She has also asked that he address her by title, Mrs Blahut, and not by her first name. Craig believes that everyone is equal and no-one is more important than anyone else. He has always called everyone by their first name. It’s his way of being friendly. He doesn’t mind helping people to their seats if they need help but not just for the sake of it.

1. What beliefs does Mrs Blahut have?
2. What beliefs does Craig have?
3. How are their beliefs different?
4. How should Craig work with Mrs Blahut?
5. What could happen if Craig worked by his own values and attitudes without giving thought to Mrs Blahut?

How stigma can affect your clients

Stigma means the shame or embarrassment associated with a condition or how someone looks or behaves. The impact that stigma has on a person can be significant. It can cause setbacks to a person’s recovery or even cause them to relapse. Unfortunately, rejecting and avoiding people with a mental illness is still very common in society. Some false and damaging attitudes towards mental illness include the following:

- People with mental illness are weak, have no willpower and their problems are their own fault.
- People with mental illness are often violent and unpredictable.
- People with mental illness are only looking for attention and there is nothing wrong with them.

Everyone has the ability to make a change, no matter how small it is. Some of the things mental health workers can do to reduce stigma and make a positive impact are:

- raise awareness of mental illness; for example, you could attend meetings or become part of a mental health awareness group
- support mental health promotion and education sessions; for example, you could talk to people about your work in mental health
- challenge negative attitudes of others; for example, if you hear negative statements about mental illness, ask people what they mean and what facts they have
- challenge negative language; for example, remind people that it is wrong to use negative words or language related to mental illness.
As you have discovered, myths, misunderstanding and negative stereotypes and attitudes surround mental illness. They result in stigma, isolation and discrimination.

The following is a list of common questions about mental illness. Prepare answers to each of the questions with the objective of eliminating the misunderstanding and negative stereotypes and attitudes that impact on people who experience mental illness. You may wish to present your responses in a table similar to the following.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are mental illnesses a form of intellectual disability or brain damage?</td>
<td></td>
</tr>
<tr>
<td>Are mental illnesses incurable and lifelong?</td>
<td></td>
</tr>
<tr>
<td>Are people born with a mental illness?</td>
<td></td>
</tr>
<tr>
<td>Are people with a mental illness usually dangerous?</td>
<td></td>
</tr>
<tr>
<td>Can anyone develop a mental illness?</td>
<td></td>
</tr>
<tr>
<td>Should people with a mental illness be isolated from the community?</td>
<td></td>
</tr>
</tbody>
</table>
### 3.5 Promoting a focus on the recovery model and restoring people to their optimal potential

As described in Chapter 1, there have been improvements in the treatment and support offered to people with mental illness. Mental health professionals now have the objective of providing a recovery-orientated mental health system that is consumer focused.

The concept of recovery emerged in the 1990s as a move away from institutionalisation of people with mental illness. The recovery model is based on the philosophy that people who live with mental illness can make positive steps towards recovery and live fulfilling and empowered lives within the community. The primary focus is on the person’s life rather than on their illness and seeks to achieve an outcome where the person is satisfied with their daily life and, wherever possible, is living without medication.

The recovery model is a holistic approach to mental illness that addresses all aspects of a person’s life, as follows:

![Diagram of the recovery model]

The federal government promotes recovery-oriented service provision. This was recognised in the *National Mental Health Plan 2003–2008* that indicates ‘a recovery orientation should drive service delivery’. 
The following is an example of a client’s experience of recovery.

**Example**

Fared has experienced clinical depression for most of his adult life. He has sought assistance from his general practitioner, psychiatrist and the beyondblue organisation. Fared is committed to achieving recovery from his depression. Fared explains:

“For me, recovery is a deeply personal, unique process of changing my attitudes, values, feelings, goals and skills. I want my life to be satisfying and hopeful, and I want to make a contribution to society. Recovery involves the development of new meaning and purpose in my life beyond my mental illness.”

**Individual recovery program**

It is essential you involve the consumer or client in developing and administering their own recovery program. Not only does this involvement give them the opportunity to ensure a full appreciation of their lifestyle is considered; it also reinforces the person’s self-determination and respect.

Your goal as a mental health worker is to work in partnership with the consumer or client to develop their sense of self-empowerment and build independence, participation in the community, and the skills and confidence to determine and implement their own decisions.

The key factors that underpin development of an individual recovery program should include:

- consumer or client input
- education
- individual rights
- mutual relationships
- personal responsibility
- self-advocacy
- hope
- support.

In developing an individual recovery program you should consider the person’s readiness to participate, their strengths, existence of any other conditions, physical health, personal beliefs, and support network. The program that you develop in consultation with the consumer or client should be person-centred, flexible, meaningful to the consumer or client and what they identify as important in their lives – their lifestyle choices, preferences, life goals and their rights and responsibilities. You will also need to assess the person’s access to services where they live, learn, work or socialise and their access to resources.
You need to develop your knowledge of the resources and services available in the client’s community so you develop a program that takes advantage of the opportunities and support on offer. Recovery can be supported in the community through:

- social interaction such as sporting activities
- employment, training or learning new skills
- volunteering or membership to organisations
- understanding of mental health issues in the community.

An important part of a recovery program is to develop, in consultation with the client, a method for evaluating the outcomes and effectiveness of the program.

A range of consumer-centred and consumer-led programs are available to support people in leading their own recovery and living in the community. The types of services that may be available include:

- consumer advocacy, training and participation in the system
- creative art
- pathways to education, training and work
- peer support
- recreation groups
- self-help programs
- social and community networking.

Practice task 12

You will need to refer to Angus’s story in practice task 6 to complete this task.

Develop a program to assist and support Angus in his choice to live independently in his rental accommodation based on the recovery model.

Your objective is to develop a program for Angus that addresses:

- treatment: alleviation of symptoms and distress
- crisis intervention: resolving critical and/or dangerous problems
- case management
- rehabilitation: developing skills and supports related to goals
- enrichment: client fulfilment and satisfaction
- rights protection: uphold moral and legal rights
- basic support: access to people, places, things identified for quality of life
- self-help: to interact with peers, exercise a voice/choice in one’s life
- wellness/prevention: promoting a healthy lifestyle.
Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› Which three mental health principles do you think are the most important? Why?
› 'Client participation is too much to ask of people who have a mental illness. What can they really achieve?' Do you agree with this statement? Why or why not?
› Discuss whether the person in each of the following statements is being treated fairly and equally. Explain why you have made your decisions.
   › Sharon did not get to join in the day centre’s Christmas celebrations because she is Chinese.
   › Van Quang was given the pamphlet Your Rights in Vietnamese because he could not read English.
   › Ralph was not allowed to go on the bus trip to the church luncheon because he is gay.
   › Vicky was refused entry to the community education session because she was acting strangely and talking to herself.
   › James’s doctor visited him at home because he was too unwell to attend the outpatient clinic.

Chapter summary

› The purpose of the National Standards for Mental Health Services is to improve the quality of mental health care in Australia.
› Everyone has the right to be treated fairly and equally, and have access to the same things. This means you must not treat someone differently because of their race, religion, gender, age, health status, financial status, marital status, disability or sexual orientation.
› Clients of mental health services have the right to participate in and give their opinions on their care.
› You should continue to undertake professional development to equip you with the skills and knowledge required to ensure that Indigenous clients have the opportunity to participate in planning their own recovery.
› Workers have a responsibility to maintain ‘unconditional positive regard’ towards their clients. This means that you must perform your role regardless of the person’s illness; you shouldn’t judge people and you should always have a positive and helpful attitude towards them.
Checklist for Chapter 3
Tick the box when you can do the following.

- Understand the values and philosophies of the mental health sector
- Treat everyone fairly and equally
- Involve clients in service provision
- Identify your own values and attitudes about mental health issues
- Promote a focus on the recovery model and restoring people to their optimal potential
Chapter 4: Working with people from different backgrounds

People come from many different backgrounds. They believe in different things, celebrate different significant events and eat different foods. They speak different languages, attend different functions and have different beliefs. They might dress differently or look different. Despite these differences, one thing is the same for all people: every person has the right to be treated with respect and dignity.

In this chapter you will learn about:

4.1 Applying your knowledge of different cultures and languages to your work

4.2 Adjusting the way you work to meet clients’ cultural and language needs
4.1 Applying your knowledge of different cultures and language to your work

Mental illness can affect anyone. Workers may encounter people from many different backgrounds. Mental health workers should show respect and understanding of cultural and language differences. This includes being polite, flexible, innovative and thoughtful. The law also requires that workers need to support people equally and fairly regardless of their background. There are anti-discrimination laws and equal opportunity laws that insist people do the right thing. This has been discussed in Chapter 2.

Workers should be sensitive to different cultures and different types of lifestyle. Mental health workers should also develop an understanding of how a person's culture may affect that person's behaviour and thoughts. The worker doesn't need to be an expert in every culture but they do need to understand cultural issues. It is always important to identify a person's needs and preferences and not judge them.

A mental health worker may be in regular contact with clients and co-workers from a variety of cultural groups. It is important to be culturally sensitive and the worker must also remember not to stereotype a person because of their culture.

Cultural differences

Culture refers to the social behaviour, lifestyle and characteristics that can describe a group of people. A minority group is a group of people whose profile doesn't match the profile of the people with the most power and control in society. Those with power and/or control are referred to as the dominant group of the society; their culture is the dominant culture of the society. In Australia the dominant group has a profile of: speaking English, being of Anglo or Celtic ancestry, being middle class or wealthy, being Christian and being male. If this profile describes you, you are part of the dominant culture of the country and your ethnicity is Anglo or Celtic.

Australian culture is made up of Indigenous cultures, Anglo-Celtic culture (due to Australia's history of British settlement) and a diverse mix of cultures from all over the world. Cultural diversity grew in the post-war period of migration and continues to grow as more people born overseas migrate to Australia.

Different cultures have different values, experiences and views. For example, Indigenous Australians may have different views about health care practice, mental health, mental illness and symptoms. People from non-English speaking backgrounds may:

› not know about mental health services or how to use them
› not understand what mental health services are offering or doing.

There may be stigma or shame associated with mental illness, so they may be unlikely to access mental health services.

Other differences may occur among people from the same background. Some people may be disadvantaged by other factors. For example, drug use, homelessness and physical or intellectual disabilities.
Supporting clients from culturally and linguistically different backgrounds

Mental health workers should be able to support clients from culturally or linguistically diverse backgrounds. This may mean the client has different religious beliefs, wears different types of clothing or speaks another language. In the course of your day-to-day duties you will probably encounter someone for whom English is a second language. While people from non-English speaking backgrounds may be able to speak English conversationally and read and write simple texts, they may not be able to understand complicated documents or terminology. These people should not be expected to make major decisions until they have had time to examine the language used or they have accessed an interpreter. Individuals may want interpreters who are known to them, for privacy or comfort issues. They may also prefer interpreters to be of the same gender or a similar age to them.

Many people will also prefer an interpreter from the same ethnic background as them, regardless of how well the interpreter speaks and understands the basic words being spoken. When you use an interpreter, address your client rather than the interpreter. Always make sure your client has enough time to ask questions and express concerns, and that the interpreter is either neutral or has the best interests of the client at heart. Government departments provide interpreting services and guidelines for the use of interpreters.

If clients or colleagues are reluctant to use interpreters, it may be because they believe their language skills are adequate. They may be offended by an offer to use an interpreter. These people should be reassured that they are not being judged on their language skills, and that interpreters are useful only to ensure that everyone is being understood properly.

There are some strategies a mental health worker can use to support these clients. The worker could:

- use effective communication:
  - clear and simple language is best
  - listen to the other person, what they are saying and how they are saying it
  - give the person a chance to speak
  - be objective and think about all sides of a situation
  - do not judge or ‘label’ a person
  - use effective nonverbal communication or body language such as facial expressions and nodding your head when you agree
- use interpreters and translators, if needed; for example, translating English into another language so the person understands
- provide written information in the language of the client
- treat all people fairly, equally and with respect
- include other people who can support the client; for example, family or friends, other health professionals.
Communicating with people is an activity that we all engage in every day. It is important to use a range of well-developed communication skills to work together effectively. Mental health workers should develop their skills to the point where they can effectively mix and work with a wide variety of people with different needs and expectations. The skill level of the worker will increase with time and confidence.

Effective communication skills help get your message across to other people. These skills can also help solve problems or stop arguments or conflict. It is very important to think about what you say and how you say it. Effective communication is vital to the wellbeing of clients.

Languages other than English

Mental health workers must think about cultural and individual differences when they are communicating with clients. Workers must use communication skills and adapt the style and language they use to meet the client’s particular needs. Workers should check their understanding with their clients by asking questions and repeating their understanding back to their client.

If workers do not communicate effectively with their clients, it may result in:

› appropriate care not being provided
› clients not being able to make informed choices
› arguments and conflict.
Communicating appropriately

The complexity of communicating at work depends on the complexity of diversity in the workplace. The most important thing to remember is to keep communication neutral. Don’t describe, point out or highlight a person’s personal characteristics and differences unless they have a direct bearing on the topic at hand. For instance, don’t refer to someone as a single woman or a divorced man when you are discussing their commitment to their work. Such references are irrelevant and their marital status does not and should not define them.

Be familiar with the aids you can use to assist people when communicating with them. People with sight impairments may need text in larger print, audio or braille. People with low-level English language skills may need an interpreter. They may also need text simplified or explained to them. People with hearing impairments need to be spoken to clearly and face-to-face if they can lip-read. They may need written instructions, subtitles or special telephones, and they may need to be informed about loudspeaker announcements or alarms.

Your organisation should have policies and procedures in place for communicating with people with special needs, especially where safety issues are concerned.

Here are some tips for communicating appropriately with a person with a disability:

- Don’t make the person’s differences the focus of discussion unless they raise the issue or it is necessary.
- Speak to the person you are addressing, not their carer, interpreter, employer or other person.
- Ask the person about their requirements and preferences.
- Don’t assume that a person’s difference is a hindrance to them. They may not believe it is. Telling people how much you sympathise with them or how terrible things must be for them can make them feel just as uncomfortable as directly discriminating against them.

Inclusive and exclusive language

Inclusive language is when what you say includes everyone regardless of their age, race, status, gender and abilities.

Exclusive language leaves people out. This discriminatory language is often very subtle, for example, automatically addressing letters, reports or other correspondence ‘Sir’, or ‘Mr’ where the receiver’s gender is unknown and excludes the possibility of the receiver being female.

When speaking, writing or presenting in the workplace, you should consider the whole audience. This means considering the direct audience listening to you, reading your reports or attending your presentations, as well as the wider audience of employees within your entire organisation and your organisation’s customers and clients.
In order to use inclusive language:

- Avoid using ‘he/him’ or ‘she/her’ by using plural pronouns or other nouns such as ‘they’, ‘the manager’, or ‘the doctor’.
- Avoid asking about a person’s ‘husband/wife’ or ‘girlfriend/boyfriend’ when you don’t know about the person. Many people are not married; many people are not heterosexual; use of the word ‘partner’ could avoid making people feel left out or humiliated. Revise wording so that gender is not an issue; for example, ‘Each staff member should sign a time sheet’, rather than, ‘The staff member should sign his time sheet’.
- Try not to use broad categories. Terms such as ‘the blind’ or ‘Asian people’ or ‘the gay community’ can exclude the possibility of differences within these wide definitions, as well as focus on one characteristic that the individuals themselves may object to being categorised by.

**Example**

Janifer is a mental health worker who visits many people every week. Janifer treats everyone with the same respect regardless of their background. She makes sure she meets their individual care needs but she also uses the same basic approach with everyone.

No matter what the task, who the person or how she is feeling, Janifer always:

- knocks on the door before she enters a client’s home
- uses effective communication strategies that best suit the person’s needs; for example, speaking very clearly to clients with hearing problems or using an interpreter for clients who speak a different language to hers
- greets clients by saying ‘good morning/afternoon’ and asking them how they are feeling
- asks if she can help with anything the client may need; for example, making an appointment for a client to see the doctor
- explains what she plans to do for the day and checks that the client is happy with the plan
- asks for feedback about the support at the end of her visit; for example, she asks, ‘Was there anything else you would like to me do today?’
- always says goodbye and clarifies the time and date of the next visit.

**Practice task 13**

You are asked to investigate a specific cultural or ethnic group that you will support in your role as a mental health worker. You may decide to investigate Indigenous Australians or Sudanese refugees, for example. Both of these groups are experiencing increased levels of mental illness. This may be a result of their experience of fleeing their country, detention, substance abuse, violence, homelessness or economic hardship.

Prepare a summary of your findings in regard to the problems that members of this specific group are encountering, the types of support that you may be able to assist with and the cultural differences that you need to be sensitive to.
4.2 Adjusting the way you work to meet clients’ cultural and language needs

Mental health workers need to be adaptable in the way they provide care and support. They must make sure they meet each person’s specific needs. This is particularly important for the clients who come from a culturally and linguistically diverse background. Mental health services and workers must be flexible and develop strategies to provide the same level of support and care for everyone. This is a moral and legal obligation so that everyone is treated fairly and equally.

The following example illustrates when workers need to be flexible to make sure they provide appropriate support and care.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Example</th>
</tr>
</thead>
</table>
| Providing information on mental health services | • Anne asks her mental health worker for information on depression. He gives her a pamphlet and web addresses so she can also do some research for herself.  
• Mrs Xiao is Vietnamese and doesn’t speak English. She has depression. Her son Tho asks the mental health worker for information on depression. The mental health worker provides information in English and Vietnamese so Mrs Xiao can read it also. The worker also offers to schedule an extra visit with an interpreter so Mrs Xiao can have her questions answered. |
| Making home visits                      | • William meets his client Mandy at the day centre every Wednesday as she is currently homeless and refuses to stay at the local shelter. He provides extra support to her after her recent relapse. He offers to assist her to find accommodation and get other support each time they meet. |
| Day centres                             | • The local mental health day centre always celebrates Christmas by having a lunch and exchanging gifts.  
• The local mental health day centre also develops a celebration calendar with their clients to ensure special occasions are celebrated, for example:  
  - Chinese New Year (Chinese)  
  - Eid al Fitr – end of fasting month (Muslim)  
  - Raksha Bandhan – Humanity Day (Hindu)  
  - Passover (Jewish)  
  - St Patrick’s Day (Ireland) |
Literacy and numeracy

To recognise low literacy or numeracy in others, check for people who:

› avoid written material, including documents, letters, email and websites
› ask you to verbally summarise written information for them
› continually miss appointments, don’t respond to letters and arrive for interviews without relevant documentation filled out
› claim to have visual impairments when asked to read text
› ask questions that should be obvious if they had read the information
› ask no questions about written material
› appear uninterested or uncooperative
› ignore or misunderstand written instructions
› never refer to written information or figures
› take time and effort to read and understand
› scan written material quickly and with no evidence of understanding
› don’t take notes or make lists or reminders
› appear anxious when confronted with written material or figures
› have problems accessing appropriate material or services.

Here are some tips for working with people of low literacy:

› Contact people by telephone where necessary and if possible.
› Physically take people through a set of actions, such as accessing public transport or using new technology.
› Describe instructions in pictures rather than written words.
› Avoid jargon and use simple and plain language when speaking and writing.
› Use face-to-face meetings wherever possible.
› Look for alternative ways of presenting information, such as video, audio, picture books and models.
› Limit the amount of information you present at one time.
› Repeat instructions.
› Ask people to summarise information or advice you have told them; simply asking ‘Do you understand?’ is not useful.

Physical characteristics and abilities

People come in all shapes and sizes and choose to present themselves in various ways. Pointing out someone’s physical or mental characteristics or appearance in a negative light, as if this characteristic represents some fault or failing on the person’s part, is a form of discrimination. You should never treat clients unfairly because you have personal issues about the way they look or think.
Here are some tips for working with people with physical characteristics or abilities that are ‘different’:

› Don’t assume people lack ability.
› Avoid feeling awkward or embarrassed.
› Be conscious of people’s physical needs.
› Be aware of people’s physical and mental limitations and make allowances.
› Be aware of the learning styles of others.

**Practice task 14**

You have been asked to visit community centres in your local area and deliver a presentation on the social group and its program that you developed in practice task 7. Your manager has made you aware that each centre has a high proportion of clients that are from non-English speaking backgrounds.

You are to prepare your presentation and a range of supporting materials that you can distribute to participants. Your presentation should include information about the other services that may be available in the community centre to support your clients.

**Discussion topics**

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› ‘People with mental illness from a different culture should go back to their own country to be treated. They would get better treatment with their own kind.’ Do you agree with this statement? Why or why not?
› ‘People who cause their own problems, such as drug and alcohol users, should not waste mental health resources.’ Do you agree with this statement? Why or why not?
› Discuss how a community services worker could support the client in these situations.
  › Kathryn is legally blind. She wants to get some information because she has recently been diagnosed with depression.
  › Vincent has just arrived from Iceland and does not speak English. He needs help because he is feeling very stressed and anxious.
  › George and Olga want to join a self-help group. They are concerned that their English is not good enough to participate in the group discussions.
  › James has issues with alcohol abuse. He also has a mental illness.
  › Emily has been sent to prison for theft. She is being treated for depression.
Chapter summary

> Workers should be sensitive to different cultures and different types of lifestyles. Mental health workers should also develop an understanding of how a person’s culture may affect that person’s behaviour and thoughts.
>
> Culture refers to the social behaviour, lifestyle and characteristics that can describe a group of people.
>
> Australian culture is made up of Indigenous cultures, Anglo-Celtic culture (due to Australia’s history of British settlement) and a diverse mix of cultures from all over the world.
>
> Individuals may want interpreters who are known to them, for privacy or comfort issues. They may also prefer interpreters to be of the same gender or a similar age to them.
>
> Mental health workers should develop their skills to the point where they can effectively mix and work with a wide variety of people with different needs and expectations.
>
> Be familiar with the aids you can use to assist people when communicating with them.
>
> Your organisation should have policies and procedures in place for communicating with people with special needs, especially where safety issues are concerned.

Checklist for Chapter 4

Tick the box when you can do the following.

- Apply your knowledge of different cultures and language to your work
- Adjust the way you work to meet clients’ cultural and language needs