Phase 1: The Beginning
A team member will contact you as part of the entry into the service of your loved one/friend. They will:
• Acknowledge your strengths and input.
• Provide you with information on patient and family/carer rights regarding confidentiality and privacy within the service.
• Acknowledge and respond to your concerns and provide you with relevant information about services and treatment.
• Explain what happens next.
• Try to meet cultural needs, when possible, while gaining your input.

When talking with team members be sure to tell them if:
• There are any linguistic or cultural issues or needs.
• There are children or older people in the family that need to be considered.
• There are safety concerns for yourself or others.
• You are a young carer.

You may be asked these questions more than once during the admission to service.

If your family member/friend is admitted to an inpatient unit and you notice a deterioration in their health, please raise your concerns with a member of the treating team.

Phase 2: Building Relationships
You will be orientated to the Mental Health Service and provided with a Family/Carer Pack and details of the treating Doctor and others who will be involved in the care of your loved one.

Designated carers and principal care providers (including young carers/persons responsible/guardians) are always the primary point of contact for the team.

Your contact details and those of other key family members/guardians will be documented. This will include names and ages of any children.

For those under the Mental Health Act:
The team will provide information about patient and carer rights and Mental Health Act proceedings (e.g. Mental Health Tribunal/Community Treatment).

Phase 3: Inclusive Assessment
You will be asked if you have:
• Any concerns or needs (including support options and cultural needs).
• Any concerns about risk or safety.
• Any other information that is relevant to treatment and care.

You WILL BE included in the care planning.

Phase 4: Treatment
You will:
• Receive information about care and treatment.
• Have the opportunity to consult with the team about treatment and care plans.
• Be asked about your perception of wellness, risk, current problems and needs.
• Be invited to care planning meetings and reviews within inpatient units and some community teams.
• Be notified of Mental Health Tribunals and be given the opportunity and support to attend this process.
• Be provided information about family/carer services and pathways for specialist support.

Phase 5: Discharge and After
You will:
• Be included in planning for discharge from the service.
• Be given information about care provided, follow-up services and service providers.
• Be provided with crisis contact numbers such as the Mental Health Access Line, phone 1800 011 511.
• Be given the opportunity to provide feedback. You or your loved one should receive a follow-up phone call 24-48 hours after discharge from the inpatient unit.

If you do not understand any aspect of this process or plan, please ask the team!
Phase 1: Presentation

- Identify and contact designated and/or principal care provider/supportive family member.
- Request information that may assist initial assessment.
- Relay relevant information regarding patient and family/carer rights, patient’s condition, admission and plan.
- Provide family/carer with contact details of service along with the Carer Checklist and ERP…FAB, Thanks! Carer Communication tool
- Acknowledge family/carer concerns and offer support.

KEY NOTES FOR ASSESSMENT:
- Are there any cultural issues?
- Are there children or older people in the family that need to be considered?
- Are there safety concerns for the patient, family/carers or others prior to any contact?
- Is this a young carer?

Appropriate Excellence tools to use:
- HAIDET
- CLINICAL HANDOVER WITH CARER

Phase 2: Building Relationships

- Orientate family/carer to the service including layout, key staff members, contact details of treatment team, visiting hours and relevant procedures.
- Provide an update on patient’s condition and proposed treatment options.
- Acknowledge family/carer concerns and offer support.
- Provide carer pack, carer/family support map and pamphlet
- Recognising Deterioration in Patients/Consumers (located in hnehealth link provided).

For those under the Mental Health Act:
- Explain the relevant details about Mental Health Act proceedings, patient and carer rights, responsibilities, and provide written information.

Phase 3: Inclusive Assessment

- Request knowledge and observations of the family/carer that may be relevant to client’s treatment and care.
- Elicit and respond to any family/carer concerns particularly regarding risk or safety.
- Provide information about family/carer services and pathways for specialist support—refer to Family/Carer Support Map, located in link provided.

Phase 4: Treatment

- Offer information about care and treatment.
- Consult with the family/carer about treatment and care plans.
- Ask about family/carer perception of wellness, risk, current problems/needs.
- Invite family/carer to care planning meetings/reviews within all inpatient units and some community settings.
- Notify family/carer of Mental Health Tribunals and assist with support to attend this process.
- Provide information about family/carer services and pathways for specialist support (Carer Pack and Family/Carer Support Map).

In the case of incidents whilst in care:
- Advise family/carer of incident and current condition and offer support.
- Open disclosure if appropriate.

Note: If a family member or carer raises concerns regarding a deterioration in health, you are required to act on those concerns.

Appropriate Excellence tools to use are:
- HAIDET
- CLINICAL HANDOVER INCLUDING PATIENT AND CARER PATIENT CARE BOARDS

Phase 5: Discharge and After

- Include family/carer in discharge planning.
- Give information that includes: care provided, follow-up services and service providers and crisis contact numbers such as the Mental Health Access Line, phone 1800 011 511.
- Give family/carer the opportunity to provide feedback.
- Advise of the follow-up phone call within 24-48 hours (inpatient).

Take time to ensure the family/carer understands all aspects of this process and plan.

Appropriate Excellence tools to use are:
- HAIDET
- CLINICAL HANDOVER INCLUDING PATIENT AND CARER PATIENT CARE BOARDS
- FAMILY/CARER Rounding
- FOLLOW UP PHONE CALL
- DISCHARGE SUMMARY

Recognising, supporting and including families and carers in treatment, planning and service provision. See Guidelines Mental Health: The Five Point Plan for Families and Clinicians. Implementation and Evaluation

For information and resources for clinicians go to