

# Phases of Family Engagement – A FIVE Point Plan for Families

Hunter New England Mental Health Services (HNEMHS) would like to acknowledge the Traditional Custodians of the Nations within the Hunter New England Health region and pay our respects to Elders, past and present. We acknowledge the significant place that Aboriginal and Torres Strait Islander peoples hold in Australia, as the first Peoples of this Nation. We ask all those that walk, work and live on traditional Aboriginal lands to be respectful of culture and traditions.



## 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!*

**Yarn Up.....with our staff to ensure our mental health service is providing Deadly care for your mobs Social, Emotional, Physical, Cultural and Spiritual Wellbeing**



**In recognising, supporting and including families and carers in treatment, planning and service provision, we believe an individual's family/carer or close friend are very good judges of a decline in a loved one's health.**

# Phases of Family Engagement – A FIVE Point Plan for Clinicians

Hunter New England Mental Health Services (HNEMHS) would like to acknowledge the Traditional Custodians of the Nations within the Hunter New England Health region and pay our respects to Elders, past and present. We acknowledge the significant place that Aboriginal and Torres Strait Islander peoples hold in Australia, as the first Peoples of this Nation. We ask all those that walk, work and live on traditional Aboriginal lands to be respectful of culture and traditions.



Staff please refer to Aboriginal mental health service and workforce (MHS&W) web page to access the nine [Guiding Principles](#) and other resources for working together to provide culturally competent clinical care for Aboriginal and Torres Strait Islander families.

## 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 and 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
- FAMILY/CARER ROUNDING

## 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 <http://www.hnehealth.nsw.gov.au/mh/Pages/Information-for-consumers-and-carers.aspx>  
<http://www.kidsfamilies.health.nsw.gov.au/> and [http://intranet.hne.health.nsw.gov.au/mh/services/mhss/aboriginal\\_mh/](http://intranet.hne.health.nsw.gov.au/mh/services/mhss/aboriginal_mh/)