

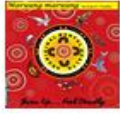
Family, Kinship and Carers Information Booklet

Hunter New England Mental Health Service



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Artwork designed by
Aboriginal Elders and
Aboriginal mental health
professionals.

*Committed to Closing the Gap
for Aboriginal and
Torres Strait Islander People*



Disclaimer

For the purpose of this booklet, Hunter New England Mental Health Service will be referred to as 'HNE MHS' and Mental Health as 'MH'.

While we make every effort to make sure the information in this resource is accurate and informative, the information does not take the place of professional advice.

Accessibility

Some of the links to documents can be saved/opened in PDF format. Once opened in PDF format, the content can be 'Read Out Loud' via the 'view' button at top left of page.

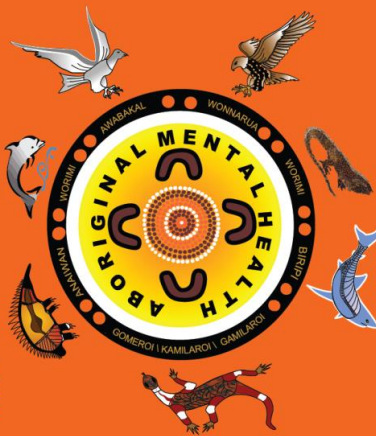
For example: [carers.pdf \(nsw.gov.au\)](#) (MH Act amendments- Carer Fact sheet)

Mailing List

If you would like to be sent information about new initiatives, educational opportunities, newsletters and mental health carer specific resources, please utilise the QR code



Yimamulinbikaan
Aboriginal MHS & SEWB
Workforce



Mauung maruung
“Good good Deadly”
Yarn Up Feel Deadly

ACKNOWLEDGEMENT OF COUNTRY

*Wandakaluwa, Minyang, “Welcome” Yaama, Anikanya “Hello” and Dhanggana “How are you?”
translations Awabakal, Gathang, Wonnarua, Gomeroi and Anewan people.*

Hunter New England Mental Health Services respectfully acknowledge Aboriginal and Torres Strait islander people as the custodians of the land in which our mental health facilities are located.

We pay our respects to our Elders who are the knowledge holders of our culture and who keep our traditions, rituals, song lines alive. We respect the continuing connection to land, water and culture of Aboriginal and Torres Strait Islander people and its interconnectedness to social, emotional, physical and spiritual health and wellbeing.

We acknowledge the many Aboriginal and Torres Strait Islander communities within our district, the staff who work with us and the Aboriginal services and organisations who partner with us to improve health outcomes for Aboriginal and Torres Strait Islander people across our footprint.

We ask all those that walk, work and live on traditional Aboriginal lands to be respectful of culture and traditions.

Strong Connections artwork: Wonnarua artist: Carissa Paglino



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Acknowledgement of Aboriginal and Torres Strait Islander lived experience

Over the course of 2020, the Indigenous Lived Experience Centre has engaged a wide range of Aboriginal and Torres Strait Islander lived experience representatives in a co-design process to develop a working definition of Indigenous Lived Experience. The purpose of this definition is to demonstrate how and why Aboriginal and Torres Strait Islander lived experience of mental health and suicide is unique and therefore essential to the design and delivery of services to our communities.

Definition:

A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples ways of understanding social and emotional wellbeing

Strong Connections artwork: Wonnarua artist: Carissa Paglino



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Acknowledgement of Lived Experience

“We acknowledge the lived experience of those with mental illness.

Your preferences, wishes, needs and aspirations are at the heart of all the work we do, your perspective is essential to defining and achieving our goals and your courage continues to inspire and drive the work we do.

We acknowledge the families and carers of all people with a lived experience of mental illness.

We recognise your commitment and the vital contribution of your role in supporting people who experience mental illness to live well on the terms they choose.

Your knowledge and experience of mental health systems and services are among our most important sources of information and help guide our understanding of the change that needs to come.”

****This acknowledgement is recommended by the NSW Mental Health Commission under its Living Well:
A Strategic Plan for Mental Health in NSW 2014 – 2024****



Artwork: 'Inspiring Freedom', By Jess Oates



Welcome from the General Manager

"One in five people aged 16-85 in Australia will be directly affected by mental ill-health. Many more people will be indirectly affected as a family member, friend or colleague. With appropriate treatment and support, most people will recover and go on to lead fulfilling lives. For each person and each family, it is their own recovery journey.

Hunter New England Local Health District Mental Health Service is a specialised clinical service, managing and providing mental health care across the Newcastle, Hunter Valley, Manning and New England region. We are a public, Government funded organisation, with almost 1,700 staff involved in many different aspects of specialist mental health care, our focus remains on empowering you to become resilient, independent and to self-manage your illness and recovery, now and into the future.

Hunter New England Mental Health Service (HNEMHS) is committed to family focused recovery. That means we are committed to partnering with you and the person you care for in their recovery journey, every step of the way.

We want to ensure that you are made to feel safe, respected and involved in every aspect of your care and treatment – you are, after all, the expert in your life and we need to work with you in order to help you the best way we can. If at any time you don't feel safe, please reach out to a trusted staff member and talk to them about what is happening.

This information booklet has been developed in consultation with consumers, carers, families and staff to ensure that as much information is provided to help you know what to expect during your stay. It is the first step towards answering any questions you, your family, or carers may have. You will also be appointed a Care Coordinator (Allocated Nurse) who will work with you, your family and/or carer, along with the treating team, to provide you with the best and safest care possible during your time here.

We genuinely want to hear your feedback about what works well and what are some of the challenges you may experience. We have various ways of engaging with you to hear your feedback but I encourage you to speak to your allocated nurse and ask for a Carer Experience of Service survey to provide us with your thoughts.

We welcome you to Hunter New England Mental Health Service and wish you all the best"
Jonathan Holt, General Manager, Hunter New England Local Health District Mental Health Service



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Privacy, Rights and Confidentiality

The Mental Health Service are committed to working alongside family members and carers, appreciating that families and carers need information about the person they care for in order to provide appropriate support. The service also appreciates that families and carers play a significant role in supporting the recovery of the person they care for.

Sometimes, because of privacy, mental health staff may not be able to discuss some of the issues affecting the person you support and care for. This will occur if your relative or friend does not give consent for release of their information to you.

If you have been identified as either a ***Designated Carer or Principal Care Provider under the Act*** this may not pertain to you. Refer to page number 21 for more information

As a relative or friend, you can;

- Let the mental health team know about your concerns and the staff member can listen to your concerns without breaching confidentiality
- Provide information that could support the mental health team to provide informed care for the person you support
- Seek general information about ways to support the person you care for and the illness/diagnosis/symptoms they are experiencing.

Please see The Mental Health Act section on pages 21-24

If you are the formal guardian and/or Power of attorney for the person you care for, please advise the treating team.

For more information about Guardianship and/or Financial Management please see Appendix 1 for useful links/contact numbers

**“To be considered by others; to consider others;
Are priceless gifts that can be given freely.”**

– **Nobby, HNE MHS Lived Experience Participation Unit member, June 2022**

Your right as a carer

HNE Mental Health has a commitment to follow the principles outlined in the NSW Carers (Recognition) Act 2010

The Schedule 1 NSW Carers Charter groups principles into four key areas, HNE MH aims to uphold these principals throughout all of our mental health services;

- 1) Carers make a valuable contribution to the community
- 2) Carers health and well-being is important
- 3) Carers are diverse and have individual needs within and beyond their caring role and
- 4) Carers are partners in care.¹



HNE MH implements the NSW Family and Carer Mental Health Program in partnership with the community managed organisation One Door Mental Health. The program aims to improve the wellbeing of families and carers of people with mental health conditions, and the people they support.

For more information, visit NSW Carers Charter;

<https://legislation.nsw.gov.au/view/whole/html/inforce/current/act-2010-020>

“From the perspective of carer, it is being heard, being taken seriously, your concerns and opinions are valued and are acted upon. Being treated as an individual, with dignity and respect, regardless of cultural background or social circumstances.” John-Carer -HNEMHS Lived Experience Participation Unit

¹ NSW Government, June 2017, *Schedule 1 NSW Carers Charter*, Carers (Recognition) Act 2010 No 20- Section 6

Caring for someone experiencing mental distress and/or mental illness

HNE Mental Health Service recognises that each person's experience of mental distress and/or illness is different. There are a number of treatment options available, and many people recover fully or find that the symptoms can be well managed with appropriate care, treatment and support.

Providing care and support for someone living with mental distress or a mental illness can be emotionally and physically demanding whilst also being rewarding. Sometimes the demands of the caring role and your own day to day life can become very difficult to juggle and can impact your own physical and mental wellbeing. To reduce the risk of burn out and carer fatigue, it is important to set aside time to look after your own needs.

A lot of carers report, at different times, experiencing feelings of anger, guilt, worry, fear, shame and/or sadness. These feelings are normal and do not reflect how much you love or care for the person you support. It's important to recognise these feelings and access support if needed.

Looking after yourself and accessing support when needed

- Devoting some time during your day to do something for yourself, anything that helps you to unwind and relax and that can fit within your daily life.
- Try not to isolate yourself from others – reach out to others around you (e.g. support groups)
- Allowing yourself to take breaks from the caring role without guilt.
- Accessing social, psychological, financial and/or physical help as needed, for example have you considered applying for carers payment or carers allowance, <https://www.servicesaustralia.gov.au/carers-payment> or have you heard of One Door Carer Support Services, <https://www.onedoor.org.au/>
- The **Carer Gateway** has a number of useful resources and online courses 'to provide information, insights and practical tips to help carers develop new understanding and skills important in their caring role' <https://skills.carergateway.gov.au/> or <https://www.carergateway.gov.au/tips/seven-stress-busters>
- **Beyond Blue** also have a number of useful resources to support carers such as; 'Looking after yourself', <https://www.beyondblue.org.au/the-facts/supporting-someone/looking-after-yourself>
- Consider your sleep routine as '*you need sleep so your body and mind can function properly*' and '*not getting enough sleep can seriously affect a person's health*'.²

Appendix 1 is a list of online and community based service contacts for your information

² <https://www.healthdirect.gov.au/sleep#10-tips>

How do I access support for the person I care for?

Family members and carers often know the consumer best and are very good judges of a decline in that person's health – whether that be physical, mental or both. If you notice a change in the person's behaviour or wellness;

- Please talk to the team about the person you care for and the changes you have observed that concern you.
- Be sure to outline your concerns clearly, and provide examples of what you perceive to be deterioration.
- Be sure to advise the team of any other health issues in that person's history that we may not be aware of.
- If you feel that your concerns have not been followed up, please don't hesitate to escalate your concerns by **talking directly with the team/nurse unit manager**.

Please note; if you feel the person you support/care for is becoming unwell it is important to discuss this directly with the MH team and encourage the consumer to access support/seek help. It won't always be appropriate or safe to have such conversations when someone is acutely unwell. Please utilise the contacts in this booklet for further guidance and support.

In an emergency, Hospital Emergency Departments (EDs) can provide mental health assessment and support. In life-threatening situations call 000 for immediate help, request ambulance, police or both.

It is important to **be prepared** and **know where to get help if you need it quickly** or in a crisis. Sometimes the health of the person you are caring for can deteriorate, or perhaps their behaviour means they have become a risk to themselves or others. **If the person agrees**, you can go together to the Emergency Department of your local hospital. It is a good idea to know the individual's signs that they may be beginning to become unwell. This will be different for each individual.

When to utilise the Mental Health Line?



- If you are contacting the Mental Health Services for the first time.
- If you are wanting information, advice or assessment of mental health problems.
- If you would like to see a mental health worker.

This is a telephone-based triage service. Calls are answered 24 hours, 7 days a week, by a mental health clinician who can offer support and connect you with the appropriate local, public mental health service in NSW.

The Mental Health Line is for anyone needing advice about mental health matters, including how to contact or connect with a mental health service.

The service is for people of all age groups, living in NSW, including consumers, their friends or family, members of the community or other health professionals

Planning ahead

Some points for your consideration:

- It can help to write down a plan of how to access immediate help when you need it, preferably at a time when the person you provide care for is well so it can be done together
- Keeping the MHS and your MH clinician numbers handy for quick access.
- You may want to think about who may be able to look after children, or pets at short notice if you had to go with the person you support to hospital.
- It can be helpful to have a conversation with the person you care for about what they would like to happen if they become unwell and who they might like to support them.
- A **Mental Health Consumer Wellness Plan** is a form that you can use to write down helpful information ahead of time. Some of the prompts on the wellness plan are;
 - *Things I do well/skills I have*
 - *Things I can do to keep myself well/what helps me stay well*
 - *Supports/treatments/medications that have been helpful and/or I have liked*
 - *Supports/treatments/medications that have been unhelpful and/or I have disliked*
 - *Things that stress me and Things I can do to reduce stress*
 - *My early warning signs and Things that help with early warning signs*
 - *If I become unwell I would like the following to happen or not happen*

Sample “Wellness Plan” can be found on page 31

What happens if the person I care for isn't able to access

MH support from the public system?

There will be occasions when families and carers contact MH services to seek urgent support for the person they care for and the individual's needs may not be appropriate for the service at that time. This can evoke stress for carers and family members. It is important to know where else you can access support on these occasions if needed.

Please see list of helplines and community services/support at end of this booklet for options within community external from the public MH system, Appendix 1.

Having a General Practitioner involved in your loved ones care is helpful. GP's can support people with maintaining their mental health in the community which may include developing a MH Treatment plan (previously known as a care plan), for more information visit

<https://www.healthdirect.gov.au/mental-health-treatment-plan#what-is>

A GP can also support with a referral to public acute MH services if needed.

What is a 'Safe Haven'?

"This service is monumental and lifesaving. I am so glad it is here now, as I know how much we all wished it was around in our own dark times"

— Peer Worker, Safe Haven

HNE Mental Health Service's 'Safe Havens', located in Tamworth and Newcastle, provide a safe, non-clinical space for people needing quiet time and support to work through their distress – offering anything from a cup of tea and conversation with a peer worker or clinician, through to safety planning and assistance to connect to other community supports.

- **No referrals required**
- **Free to access**

Safe Havens operate Friday to Sunday from 4pm to 9pm and provide an alternative to presenting to an emergency department for people who may be experiencing suicidal ideation or who have been impacted by suicide.

Newcastle Safe Haven

22 Stewart Avenue, Hamilton East NSW 2303

Tamworth Safe Haven

214 Bridge Street, Tamworth NSW 2340

For more information:

<https://www.health.nsw.gov.au/towardszerosuicides/Pages/safe-haven.aspx>

Refer to Appendix 1 for list of useful services/helplines in the community



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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/

MH Service Family and Carer Mental Health Program

One Door Carer Services

HNE MH partners with One Door Mental Health to provide the HNE MH Service Family and Carer Mental Health Program. This program is fully funded and provides carers, family and friends of people living with mental illness access to Carer Advocates.

<https://www.onedoor.org.au/services/carers-services/nsw-family-carer-mental-health-program>

One Door recognise that it can take selflessness at times to support someone who is living with mental illness and this can take its toll on your health, wellbeing and life goals.

Ensuring you get the support you need to be the best version of yourself for your loved one is equally as important as their health.

One Door can provide;

- Information on mental illness, services and other information,
- Education and advocacy as well as emotional support



One Door Carer Advocates can be contacted via their email

carerservices@onedoor.org.au

or via the Mental Health team you are accessing.

Other HNE MHS Partners – ARAFMI Hunter (Services Hunter Region only)



Ph. (02) 4922 1546

- Free face-to-face or over the phone counselling with accredited and professional counsellors
- Assistance in navigating the Hunter New England mental health services
- Information on psychiatric illnesses
- Borderline Personality Disorder monthly support group for carers
- Therapeutic Workshop for 8 Stages of Healing

<https://www.samaritans.org.au/services/counselling-and-mental-health/arafmi>

When the person you care for has been admitted to an Inpatient MH Unit

Visiting

There are times when the units aren't open to visitors, such as during treatment times. It is always a good idea to phone the unit in advance of your visit to ensure it will be a good time for you to come. It can be a busy time for the person you care for with appointments or planned activities. We ask that carers/family members call the unit before coming to visit to make sure the visit doesn't clash with any planned appointment times.

Family and friends are welcome to visit and there are visiting rooms available in each unit. If you would like to bring younger family members to visit, please discuss this with the allocated nurse prior to arranging this visit.

Phone calls

If you have a friend or relative currently admitted to one of our mental health inpatient units you can talk to them on the phone. They may not have their mobile with them, but you can call the general phone number of the hospital and ask to be put through to the mental health unit. You can ask the specific unit if there is a communal phone available for consumers to make and receive calls, which can be arranged by talking to the nursing staff.

Safety on the units

We acknowledge that being in hospital with locked doors can, at times, seem frightening. Not all of the mental health units are locked but if the person you support is in a locked unit, this is in place to maintain safety for the person you support and others whilst they are in an acute hospital setting. Some people are in hospital under the Mental Health Act, which means a doctor has determined they are very unwell and are potentially at risk of harm to themselves or to others.

We also ask that all visitors:

- *Be considerate of other people - when talking to others be tolerant and respectful;*
- *Allow others their personal space;*
- *Refrain from entering other people's rooms;*
- *Please use the common areas or family rooms when visiting*
- *Refrain from activities that may be seen as harassment, aggression or bullying*

Smoking policy

All NSW Health hospitals are smoke free. We understand this is difficult for many people while in hospital, but we are bound by State law. While an inpatient, people will be offered Nicotine Replacement Therapy options (such as patches). This can be a really stressful and distressing issue while people are in hospital. People are able to smoke while on leave, but cannot bring cigarettes or lighters back onto the unit. The No Smoking rule applies to visitors as well and we appreciate your support by not bringing cigarettes or lighters onto the unit.

Leave from hospital

Leave will be planned from the moment someone is admitted onto the unit. This will be something that is planned for and discussed with the person you care for and you as the designated carer and/or support team wherever safe and appropriate. Decisions to allow leave depends on a number of issues including, most importantly, an individual's safety. Speak through these issues with the treating team and/or allocated nurse.

What are personalised care boards?

A personalised Care Board is installed on the wall in the room of the person you are caring for. This is another communication tool to keep the person and their family/carers be involved in the recovery journey.

Care Boards are:

- Updated regularly by staff in collaboration with the consumer with information about their care and recovery.
- Used to jot down reminders/questions to ask the doctor or any other team member.
- A communication tool between the individual, families/carers and the healthcare team.

Additional Information

You might hear staff talking about the Top 5

TOP 5 is a simple process that encourages health professionals to engage with carers to gain valuable non-clinical information to help personalise care 'For patients with dementia or cognitive impairment who are removed from their usual place of residence and are experiencing pain or discomfort, anxiety levels are often high. It may not be easy for staff to communicate effectively or understand the often subtle signs that may indicate that a patient's anxiety is escalating. The value of carer information cannot be underestimated.'

<https://www.cec.health.nsw.gov.au/improve-quality/teamwork-culture-pcc/person-centred-care/dementia-care>

Please see Appendix 5 for more information

When the person you care for is accessing Adult, Child and Adolescent or Older Persons Community Mental Health Services

HNE MHS community teams are community based to provide ongoing support to reduce the risk of relapse, support consumers to stay out of hospital and assist them with achieving their recovery goals. The person you care for may be referred to one of our Community Mental Health teams upon discharge from hospital, by the local GP, by a family member/carer or by the person themselves. There are “phases of care” that an individual will move through in their recovery journey.

The community team will contact the individual and family/carers when a referral is received to gather more information to assist the team to link the consumer with the most appropriate support.

Please see below table for a brief outline of this process

Triage	Triage will occur via the Mental Health Line or directly with the intake worker attached to the community team, depending on method of referral this may ever occur in Emergency Departments. The clinician will ask a variety of questions to support the consumer or family member/carer to access the most beneficial and appropriate service.
Assessment	The first step when a person accesses our service is a comprehensive mental health assessment. An initial assessment can occur in the hospital, the community centre or another setting. This assessment should be done in partnership with the person you care for. The team will make every effort to speak to families and carers to gain a full picture of what has been happening for all involved and what has lead up to needing mental health support. From this assessment an initial plan will be developed in conjunction with the individual and family/carers and may involve a referral to another service, or care will continue with the community mental health service.
Short term support	Many people require short term involvement with our service. This may be because a more comprehensive assessment is required? Short term engagement to services may assist in the resolution of symptoms and allow other support systems to be part of the recovery process.
Continuing Care	Some people have a longer and more complex recovery journey and may need ongoing support from our community teams. During this time they will work with an allocated Care Coordinator. This person will work alongside the individual and the family and carers to ensure a person's safety and develop a recovery plan and goals to work towards. The care coordinator and team will work with the individual, families, GP and other providers to develop a collaborative care plan.
Referral or discharge	As a person recovers, their needs and level of support required will change and they may no longer require a specialist mental health service. At this stage the Care Coordinator will work with the consumer and care providers to develop a plan for discharge from our service. This may involve a referral to a community support provider or back to the GP. This will be done in collaboration with the individual and families/carers to ensure that any information relating to further care is provided and that consumers and carers are supported and understand how they can access further care if required. The service may discuss the Reconnect Pathway with you. The alert is activated by the relevant service as per a clinical need and then this would be discussed with the consumer, family/carer.

There are teams within community MH teams that provide acute care, although teams may have different names dependent upon the service i.e. Child & Adolescent MH Services – Safeguards, Greater Newcastle has an Acute Care Team (ACT), Tamworth has an Extended Care Service (ECS). Please don't hesitate to contact the local MH service for specific details related to that team.

Some of the HNE MH Services/teams within the community

Some of the services within HNE MHS are location/diagnosis/age specific - see below for a few examples. If you would like information about a specific service, please don't hesitate to ask a MH staff member for support.

- **Centre for Psychotherapy - Ph. 49246820**

- A family friendly service providing outpatient psychotherapy for clients with Borderline Personality Disorder who self-harm as well as clients with severe Eating Disorders. Information and support is offered to **families and loved ones of clients (after gaining their consent) on an individual, family and sometimes group basis.**

- **Mental Health and Substance Use Service – MHSUS – Ph. 403 35600**

- The Mental Health and Substance Use Service (MHSUS) offers centre-based assessments and programs for people who experience both mental health and substance use issues. We focus on enhancing motivation, developing relapse prevention skills, psychoeducation and mutual support.

- **Farmgate Support Program - Ph. 0477 322 851**

- A group of everyday local people with lived experience of rural life who understand how drought, floods, fires and now COVID19 may impact your life and wellbeing.
- Free and confidential support to those affected by life on the land or any of the stressors of everyday life in a rural community. No referral needed, please call or email HNELHD-FarmgateSupport@health.nsw.gov.au

- **YPCOPMI- Young People & Children of Parents with a Mental Illness - Ph. 49257800**

- This innovative program targets the clinical needs of the children who have parents with a mental illness (COPMI). Please speak with the local MH team for more information.

- **Mental Health and Intellectual Disability Service**

- HNE MHS has a Clinical Nurse Consultant (CNC) providing clinical consultancy to support and guide the delivery of care to people with a dual diagnosis of Intellectual Disability and Mental Illness. This CNC engages with clinicians, other government and non-government agencies in developing pathways for individuals. This service provides clinical consultation rather than any direct care to consumers.

Please see Appendix 4 for more information

Rehabilitation Services within HNE MHS

Recovery is;

“Being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues”

— From ‘A National Framework for Recovery-Oriented Mental Health Service, 2013.’

Within HNEMH rehabilitation services are available in all adult community mental health teams. Inpatient rehabilitation is available at the Intermediate Stay Mental Health Unit (ISMHU) and at Morisset Hospital. Please speak to your treating team for more information.

Clinical rehabilitation services provide assistance to acquire and use the strengths and skills, supports, and resources necessary for successful and satisfying living, learning and working in the environments of a person’s choice. It is recovery oriented and focuses on the building of skills not developed or the rebuilding of skills lost through the experience of mental illness. A collaborative approach to care and planning which is inclusive of the consumer, family/carers, and other support services is undertaken to assist people to choose goals to work towards and provides interventions to develop the skills, resources and supports they need to achieve their goals, wishes and aspirations.

Please see Appendix 6 for more specific information.

HNE MHS Map

This map below is indicative of the 16 Aboriginal Nations in our district, however the boundaries indicated may not be precise. If you need to know what Nation you are on, contact the relevant Local Aboriginal Land Council to confirm.



The Mental Health Act 2007: Designated Carers and Principal Care Providers³

The Mental Health Act acknowledges the role of family members and carers in the care and support of people with mental health issues. In particular, it recognises that families and carers should be given information that assists them to support the person's wellbeing and recovery. The Act seeks to balance this with the rights of mental health consumers to have their privacy respected in the same way as other people who use health services

Designated Carer

Under the Mental Health Act, a mental health consumer can nominate two people as designated carers. This means that the Mental Health Service must communicate certain information to that person, particularly in relation to an inpatient admission.

A designated carer can be:

- The consumer's spouse or partner
- Someone who is primarily responsible for providing support and care
- A close friend or relative who maintains frequent personal contact and interest in the consumer's welfare
- The parent of a consumer, who is under the age of 14
- Someone who has been appointed as the consumer's guardian under the Guardianship Act

When can a designated carer be nominated?

A consumer can nominate (or revoke) a designated carer at any time.

If the consumer is admitted to a mental health facility, and a designated carer has not been nominated, then it should be done as part of the admission process.

A consumer nominates a designated carer by completing a 'Nomination of Designated Carer(s)' form. The nomination stays in effect for 12 months unless it is varied or revoked in writing by the consumer. Consumers may also nominate a person to be excluded from receiving information about them, or exclude their designated carer/s from receiving certain information.

In the event that the consumer refuses to nominate a designated carer when they are admitted a designated carer can be determined by an authorised medical officer. If the consumer later nominates someone else as their designated carer, then that nomination should take effect.

The person's nomination will not be accepted if the person is considered incapable of making a nomination, or if it is thought that the nomination would put anyone at risk of harm. If the nominated person doesn't want to be the person's designated carer, another person should be identified as soon as possible.

³ Amendments to the NSW Mental Health Act (2007), FACT SHEET: Carers and Families, [carers.pdf \(nsw.gov.au\)](https://www.nsw.gov.au/carers.pdf)

Principal Care Provider

Under the Mental Health Act the principal care provider is the person who is primarily responsible for providing support or care to the person. An authorised medical officer can determine who the principal care provider of the person is, in some cases; it may be the same person as the designated carer. The principal care provider has the same rights to information and communication as the designated carer/s.

The Mental Health Act outlines the information that can be provided to the designated carer/s and the principal care provider without the consent of the consumer. Other information can be shared with family members and friends if the consumer gives permission for mental health staff to do so.

Ideally, mental health staff, consumers and carers work together as partners in care.

Mutual respect and good communication between all parties ensures the best outcomes for all.

A copy of the consumers care plan will be given to you as the designated carer and/or family member. Please do not hesitate to ask about being involved in care planning processes.

Notification to carers of certain events

Designated carers and the principal care provider are to be notified by the treating clinicians of events affecting the consumer, such as when the consumer is:

- Detained in a mental health facility;
- Absent from the facility without permission, or fails to return at the end of a period of leave;
- To be discharged;
- Reclassified or admitted as a voluntary patient;
- Considered for a community treatment order (CTO) and an application is being made to the Mental Health Review Tribunal (see box below)
- Under a CTO which is being varied or revoked, the designated carer/s must be consulted before the order expires, if the order is going to be revoked, or if there is going to be an application made for a further order;
- Considered for Electroconvulsive Therapy (ECT) and an application is being made to the Mental Health Review Tribunal;
- Believed to require a surgical procedure or special medical treatment and consent is being sought from the Tribunal or the Ministry of Health;
- To be transferred, or has been transferred, between mental health facilities.

Young People

‘Young persons under 16 years of age must now be provided with legal representation for all Mental Health Review Tribunal hearings unless the Tribunal determines it would be in the young person’s best interests to proceed without representation.’

[carers.pdf \(nsw.gov.au\)](#) **for more information**

What is a CTO- Community Treatment Order?

‘A Community Treatment Order (CTO) is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community. It is implemented by a mental health facility that has developed an appropriate treatment plan for the individual person.

A CTO authorises compulsory care for a person living in the community. If a person breaches a Community Treatment Order, by not complying with the conditions of the Order, the person may be taken to a mental health facility and given appropriate treatment, including medication.

CTOs can be made for any period of time up to twelve months. It is possible for a person to have more than one consecutive CTO.’⁴

Section 51 of the Mental Health Act 2007 contains information about CTO’s.

More information can be found through contact with the Mental Health Review Tribunal,

<https://mhrt.nsw.gov.au/civil-patients/community-treatment-orders.html>

or phoning the Tribunal on 1800 815 511 (free call)

What is a FCTO- Forensic Community Treatment Order?

Please see this site for information about Forensic CTO’s and how to navigate this system;

- <https://www.mhrt.nsw.gov.au/files/mhrt/MHCIFP/FCTOInformationKit-March2021.pdf>
 - <https://www.health.nsw.gov.au/mentalhealth/resources/Pages/forensic-provisions.aspx>
-

HNE MHS Court Liaison Service

HNE Mental Health Services has a Court Liaison service that provides early assessment of individuals who experience mental illness, who access the various agencies of the criminal justice system, many of them in custody and requiring speedy review. Referrals are primarily made by Magistrates and defence lawyers

⁴ [Mental Health Review Tribunal - Community Treatment Orders \(nsw.gov.au\)](#)

Justice Health

If you need information about a person who is detained (in custody), you can contact the family and carer consultant at the Justice Health and Forensic Mental Health Network.

- **02 9700 3229** or access website for more information;

<https://www.justicehealth.nsw.gov.au/patient-support/family-and-carers/who-can-i-talk-to>

If you have concerns about the mental health care of a person in custody, you can contact the Justice Health and Forensic Mental Health Helpline. This number is available for adults in correctional centres, adolescent detainees, their relatives and carers

- **1800 222 471 (available 24/7)**

If you have any questions about the Mental Health Act, please talk to a staff member. You can also access useful information for families and carers at www.mentalhealthcarersnsw.org

For a factsheet on Amendments made to the NSW Mental Health Act for Carers and families please see link; https://www.heti.nsw.gov.au/_data/assets/pdf_file/0004/457987/mental-health-act-FactSheet-Carers.pdf

What is a Multidisciplinary / Treating team?

A number of health professional's work together to provide care, treatment and support for a person in our care. You may hear the team referred to as the "treating team" or the "multidisciplinary team". You may not have contact with everyone on the team, but they will be working together in partnership with you for the best outcomes of the person you care for.

Within the Child and Adolescent MH Teams (CAMHS), while all of the disciplines do similar roles in terms of providing therapeutic treatment to children and families, they also utilise the expertise of the specific disciplines as appropriate.

The following is a brief list of who you may communicate with and their role:

Allocated nurse	A key clinician working with the person you care for over a 24 hour period. This would be your first point of contact. The nurse will get to know the person, identify their strengths and challenges, provide day to day support and ensure they are working in partnership towards recovery goals. Each shift there will be a "hand over" where key information is shared to ensure the person you care for is safe and their needs and wishes are addressed.
Consultant Psychiatrist	The person you care for will be admitted under the care of a Consultant Psychiatrist who will lead the medical clinicians in the care and treatment options offered and discussed. There are different levels of care provided by doctors while in hospital. Whilst a Psychiatrist (the senior specialist) has overall responsibility for the care of patients, the Psychiatric Registrar is the doctor who will see patients on a regular basis during their stay. You may also be in contact with a Junior Medical Officer (JMO), who are currently gaining experience in psychiatry.

Dietitians	Assist people to reach better health and well-being through planning appropriate diets and healthy eating. Dietitians may also provide nutritional advice and/or counselling in either group nutrition programs or seeing consumers individually. General nutritional advice/counselling may include ways to improve food choices or special diets for some medical conditions. Information may also be available regarding accessing and preparing food to help meet your nutritional needs.
Junior Medical Officer (JMO)	Typically refers to junior training doctors who are gaining experience in psychiatry but have not yet joined the specialist training in psychiatry.
Nurse Unit Manager (NUM)	A Registered Nurse who is the most senior Nurse in the inpatient unit. They provide leadership and direction to ensure that care is planned and delivered in a manner that has your wellbeing as its focus. If you have unresolved concerns about the care being provided please talk directly with the NUM.
Occupational Therapist	OT's are health professionals who promote wellbeing through participation in occupation (activity) and assisting people to maximise their independence in meaningful daily tasks. They will look at the functional impacts that are experienced such as difficulty with budgeting due to poor concentration. They work with peoples strengths to identify recovery goals.
Exercise Physiologist	Exercise Physiologists are university trained allied health clinicians that are increasingly being utilised in mental health units to support consumers who may be experiencing; less mobility than usual and/or metabolic changes (weight, waist, blood pressure, lipids, and glucose) for instance. Referrals for consultation/advice/support are made by the treating team.
Peer Workers	Peer workers have personal experience of mental illness and recovery. Their lived experience can be called upon to assist in care planning and goal setting. The Peer Workers can also support the person you care for by advocating for issues around their treatment and care.
Psychologist	A psychologist is a specialist in the assessment, diagnosis and treatment of psychological difficulties and mental health problems. They can help with problems with thoughts, feelings or behaviours and usually help using talking-therapies.
Registrar	A psychiatric registrar is a doctor who is undertaking specialist training in psychiatry and is often the doctor who will see patients on a regular basis during their stay.
Social Workers	Social workers work in partnership with consumers and families/carers to promote recovery and restore individual, family and community wellbeing. Social work practice occurs at the interface between the individual and their environment, with a focus on social and emotional issues associated with wellbeing and recovery. Social Workers are also focused on ways to improve access to health care services and community resources.
The Chaplain	Visits each unit on a regular basis to listen, support and give encouragement and comfort to patients and/or carers during their stay if they so desire. They will also provide a ministry of prayer and sacraments to those who request this.
Interpreter Service	The Health Care Interpreter Service provides professional interpreters to facilitate communication between health professionals and clients who are deaf or who have limited English. The service provides interpreting services 24 hours a day, 7 days a week.

Yimamulinbinkaan Aboriginal Mental Health Workforce

This service provides clinical cultural consultation, support and advice to the Multidisciplinary Team.

An Aboriginal MH & social and emotional wellbeing (SEWB) multidisciplinary team that includes an Aboriginal operational manager, Aboriginal MH coordinator, Aboriginal MH clinical lead, Aboriginal MH & SEWB care navigator, Aboriginal MH & SEWB peer worker, Aboriginal MH professional trainees, Aboriginal MH allied health cadets and Aboriginal admin officer.

The Aboriginal mental health and social emotional wellbeing team is a non-acute mental health service that provides:

1. Cultural Consultation services to HNELHD clinical mental health staff for Aboriginal consumers who are accessing Mental Health Services.
2. This clinical team assists clinicians to provide culturally responsive and trauma informed care to Aboriginal consumers accessing HNELHD mental health services across the lifespan who have moderate-severe and enduring mental illness.
3. Cultural consultation support will be provided through the Aboriginal Mental Health and social emotional wellbeing team and consulting/ treating teams
4. Enhance the capacity of HNELHD clinicians by providing specialist advice and review of Aboriginal consumers within the mental health inpatient units and community mental health setting in partnership with the persons treating team/clinician.

Monday to Friday 08:00 - 4.30pm.

Visit the HNE webpage –

<https://www.nswmentalhealthcommission.com.au/content/maruung-maruung-good-good-deadly-also-named-yarn-feel-deadly>

Service mobile: 0428425324

Contact email: HNELHD-AboriginalMHSW@health.nsw.gov.au

Multicultural Health and Refugee Service; Multicultural Health Liaison Officer

This service provides clinical cultural consultation, support and advice to the Multidisciplinary Team.

This role undertakes a variety of tasks to enhance or improve the cultural competency of MH & Drug and Alcohol Services. These tasks include, but are not limited to:

- Provision of cultural competency training to staff;
- Designing, organising and delivering health education and information sessions to CALD communities;
- Evaluating existing and developing and implementing new health promotion programs for CALD patients and communities;
- Advising staff on ways to improve quality of care for CALD consumers;
- Partnering with or linking CALD consumers to other services and agencies.

Multicultural Health Liaison Officer, HNE MH&D&ACS -

Phone (02) 4924 628

Please note: English language skills need to be assessed at any contact with service, for any consumer, any time, and a Health Care Interpreter **MUST** be organised

Information about Medication

Medication may be prescribed by the treating doctor and will be explained in full. The decision to start and change medication should involve the person you care for, family/carers and the treating team.

HNE MH provides information and printable fact sheets on the Choice and Medication webpage. Choice and Medication provides information about medications used in the treatment of mental health conditions. It is updated and maintained by health care professionals, and receives no funding from drug companies. It is for patients, consumers, carers and health professionals in the Hunter New England Local Health District.

www.choiceandmedication.org/hunternewengland/

Seeking / Providing Feedback

Safety/Security

We are concerned about the safety and security of all people in our hospital. If you or the person you care for feels unsafe or at risk of harm, **please speak to ANY staff member immediately!**

Official Visitor Program (OV)

OV's are members of the community who are appointed to visit people in mental health inpatient facilities in NSW to check on the way in which they are being treated. They also receive and refer complaints made to them by those receiving care and treatment in these facilities or their carers, and they are available to assist individuals on community treatment orders.

<https://officialvisitorsmh.nsw.gov.au/Pages/OVP.aspx>

TIP: You may also leave your written message or feedback in the Official Visitors Box in the service you access.

Carer Rounding

Following discharge from the MH service, one of the team members may contact you as the identified carer/family member and ask to have a 5 minute conversation about what is working well and what some of the challenges were when you accessed support from the MHS. This does not happen for all carers/family members so if you would like to talk with someone and have not yet had the opportunity, please don't hesitate to contact the local team to ask for this to occur.

A full service list is available as Appendix 4.

Carer Experience of Service Survey (CES)

The Survey can also be accessed via <https://www.yourexperience.health.nsw.gov.au/>

Please ask the HNE mental health team for a code specific to the service you're engaging with



The survey asks for responses about the carer's own experience of service and recognises the unique perspectives carers bring to the care of the person they are supporting.

Complaints or Compliments

Complaints or compliments can be made in person, in writing, by phone, or via an online feedback form.

- To provide written or verbal feedback directly to a service, contact details can be found at www.hnehealth.nsw.gov.au
- Strategic Relations and Communication Unit Via email: HNELHD-SRC@health.nsw.gov.au
- In writing: **Chief Executive at Locked Bag 1, New Lambton, NSW 2305**
- Telephone via the District's Feedback Line: **1800 605 172** (Monday to Friday, 8:30am to 5:00pm).
- Online via: hnehealth.nsw.gov.au/Feedback

Please note: If you have hearing or speech impairments, you can contact HNE Health through the National Relay Service (NRS). Simply call 133 677 and provide the number you want to call

If you are dissatisfied with the way HNE Health has managed your complaint, you can contact the Health Care Complaints Commission (HCCC), which is independent of Hunter New England Health: Email: hccc@hccc.nsw.gov.au Phone: **1800 043 159**

R.E.A.C.H

Recognise, Engage, Act, Call, Help is on its way

REACH aims to empower consumers and families to escalate care if they are concerned about the clinical condition or deterioration of the consumer. REACH provides a graded approach to patient and family activated escalation by:

1. **First encouraging engagement with the treating clinicians at the bedside.**
2. **If concerns are not addressed, asking the nurse in-charge for a clinical review**
3. **If still concerned making a “REACH Call” by dialling a dedicated number to speak with a REACH responder**

Are you worried
about a recent **change** in your condition
or that of your loved one?
If yes... REACH out.

WHAT IS REACH ABOUT?

- R** You may recognise a worrying change in your condition or in the person you care for.
- E** 1 Engage (talk) with the nurse or doctor. Tell them your concerns.
- A** 2 Ask the nurse in charge for a "Clinical Review". This should occur within 30 minutes.
- C** 3 If you are still worried call REACH. You can use your bedside phone or ask for a ward phone.
- H** Call REACH on. Help is on its way.

Speak to your nurse or doctor first.
They may be able to help with your concerns.

NSW GOVERNMENT

R.E.A.C.H out to us
Because together we make a great team.

The R.E.A.C.H program was developed by the NSW Clinical Excellence Commission.

REACH was developed by the Clinical Excellence Commission (CEC) in collaboration with Local Health Districts and consumers.

What to do if you are concerned about a change or deterioration:

1. Have you spoken to your nurse or doctor about this change?

- Be sure to outline your concern clearly, and provide examples of what you perceive to be deterioration.
- Be sure to advise them of any other health issues in that person's history.

2. Have your concerns been followed up?

- If not, please don't hesitate to ask the nurse in charge for a 'Clinical Review'.

If you are still concerned please ask to speak to the NUM or the Nurse Manager as a priority.

Carer/Family participation in HNE Mental Health Services

People with lived experience of mental health challenges, their carers, families and other support people are recognised as active partners with our service. Effective participation occurs when consumers and carers are meaningfully involved in decision making about a person's care and treatment, or providing input on decision making about service delivery, health policy and planning, or about the broader wellbeing of themselves and the community (Department of Human Services, 2006).

To support safe and effective engagement and participation across the service, unit, program and organisational levels, HNE MHS has a Lived Experience Participation Unit (LEPU). It is the preferred method for collaborating with independent people who are passionate about engaging in systemic advocacy and service redesign and innovation. The unit is a central point for the recruitment, management and support of these enthusiastic individuals and the service.

Please email for more information or if you would like to become a member of the LEPU;
HNEHLD-MentalHealthConsumerParticipation@hnehealth.nsw.gov.au

People can partner with us in a variety of ways.

- At an Individual level – examples include: shared decisions about treatment, care and self-management; feedback on your experiences of care (CES Survey).
- With a Service, Unit or Program – examples include: being involved in co-design of service improvement or new developments; being involved in reference groups and committees; providing feedback and being involved in the co-evaluation of services.
- Across the Organisation (HNEMHS) – examples include: being a representative on advisory groups and committees looking at policies and new services; participating in governance roles monitoring performance; and being involved in training of staff.
- At the broader community and strategic systems level – examples include advocacy in consumer and community groups at regional, state, national levels; co-design of policies and strategies; representatives on committees

Sample Wellness Plan- for consumers

This plan was designed by consumers. The intent of the plan is to support individuals to be actively involved own care, particularly in terms of symptom management, relapse prevention and crisis planning. It serves as a recovery aid and a prompt/reminder about what to do to support recovery.

- *Things I do well/skills I have*

- *Things I can do to keep myself well/what helps me stay well*

- *Supports/treatments/medications that have been helpful and/or I have liked*

- *Supports/treatments/medications that have been unhelpful and/or I have disliked*

- *Things that stress me*

- *Things I can do to reduce stress*

- *My early warning signs*

- *Things that help with early warning signs*

- *If I become unwell I would like the following to happen or not happen*

- *Additional notes:*

Please feel free to discuss your plan with a member of the treating team within MHS.

Disclaimer; *this plan is based off the clinical Consumer Wellness Plan document used within HNE MHS and is provided in this format as a resource/prompt.*

APPENDIX 1: Support Services / Helplines

Child and Adolescent specific

Service	Contact number	Additional information
Kids Helpline	1800 55 1800	24/7 phone counselling for young people aged 5-25 https://kidshelpline.com.au/
Headspace	1800 650 890	Counselling and information for young people and their families https://headspace.org.au/online-and-phone-support/

HNEMHS Yimamulinbinkaan Aboriginal Mental Health Service resources and other Aboriginal specific counselling support lines

Maruung Maruung “Good good Deadly” Yarn up Feel Deadly application

The app includes a number of culturally considerate resources and powerful personal video testimonials. The app includes:

- Resources to learn Aboriginal language
- Information regarding mental health conditions, treatments and medications
- Details of upcoming community events
- Employment opportunities
- It also has a staff portal where training and case scenarios are available on how to provide culturally responsive mental health assessments for Aboriginal and/or Torres Strait Islander people. While the culturally appropriate app is designed to target the Aboriginal community, the content and links will benefit and be of interest to all.

Download the free 'SportsBag Communicator App'. Once downloaded press 'My Services', then search and type in Yarn Up Feel Deadly.

[Apple App Store](#) or [Android Google Play Store](#)

Or SCAN QR codes.



iPhone



Android

Asking the question animation 'AskingTheQuestion' YouTube

<https://www.youtube.com/watch?v=N5GjB2sNHms>

Other Counselling support services for Aboriginal and Torres Strait Islander peoples

- **13Yarn - Ph. 13 92 76**

We are here to provide crisis support 24/7 to yarn with you without judgement and provide a confidential, culturally safe space to yarn about your needs, worries or concerns.

<https://www.13yarn.org.au/>

- **Brother to brother 24-hour crisis line - Ph. 1800 435 799**


Brother to Brother is a 24-hour crisis line for Aboriginal and Torres Strait Islander men of all ages established to provide extra support during the coronavirus (COVID-19) pandemic.

<https://www.dardimunwurro.com.au/brother-to-brother/>

- **The National Indigenous Postvention Service 24/7 support- Ph. 1800 805 801**

'Providing emotional and practical support to families impacted by a loss from suicide or other traumatic event.' <https://thirrili.com.au/postvention-support>

Carer Services

Service	Contact number	Additional information
ARAFMI Hunter- Samaritans 	(02) 4922 1546.	-Free face-to-face or over the phone counselling with accredited and professional counsellors -Assistance in navigating the Hunter New England mental health services -Information on psychiatric illnesses And more https://www.samaritans.org.au/services/counselling-and-mental-health/arafmi
Carer Gateway	1800 422 737	Emotional, practical and financial support for carers. https://www.carergateway.gov.au/
Defence Family Helpline	1800 624 608	The Helpline operates 24-7 and is staffed by qualified human services professionals, including social workers and psychologists, who can provide you with assessment, assistance or referral.
Family Drug Support (NSW)	1300 368 186	24/7
One Door Carer Services	1800 843 539	One Door has a range of services on offer for the families of people with mental illness https://www.onedoor.org.au/services/carers-services
Young Carers NSW via Carers NSW	(02) 92804744	The Young Carer Program at Carers NSW is a free, state-wide service for young carers, 25 years or under. https://www.carersnsw.org.au/services-and-support/programs-services/young-carers/resources-for-young-carers

Helplines/Crisis support for consumers and carers

Service	Contact number	Additional information
Beyond blue	1300 224 636	24/7 phone and online counselling https://www.beyondblue.org.au/get-support/get-immediate-support
Hunter Homeless Connect Community Directory		Find community and government services, accommodation providers, food banks, emergency relief, financial assistance and more in our Community Directory. https://hunterhomelessconnect.org.au/community-services-directory/
Lifeline Helpline	13 11 14 or Text 0477131114	24/7 anyone in Australia can speak to a trained crisis supporter Confidential 1-1 text with a trained lifeline crisis supporter https://www.lifeline.org.au/crisis-text/
Suicide Call Back Service	1300 659 467	24/7 telephone support
National Sexual Assault, Domestic and Family Violence Counselling Service	1800RESPECT 1800 737 732	Counselling, information, and referral service. Providing free and confidential support 24/7 https://www.1800respect.org.au/

LGBTIQ+ services consumers and carers

Service	Contact number	Additional information
ACON	Tel: 02 4962 7700 1800 063 060	9am-5pm Monday, Wednesday and Friday and 9am-6pm Tuesday, Thursday Counselling services for LGBTQI people and people with HIV to support them to manage their mental health. https://www.acon.org.au/what-we-are-here-for/mental-health/
Maple Leaf House-Specialist Trans and Gender Diverse Health Service- HNE Health	(02) 40164980	GP's can refer young people (up to 25 years old) to the service. https://www.hnekidshealth.nsw.gov.au/childrens_hospital/specialist_services/gender
QLife Phone	1800 184 527	3pm-midnight every day. QLife provides anonymous and free LGBTI peer support and referral for people in

Counselling		Australia wanting to talk about sexuality, identity, gender, bodies, feelings or relationships https://qlife.org.au/
Transhub	Online	TransHub is a digital information and resource platform for all trans and gender diverse people in NSW, loved ones, allies and health providers https://www.transhub.org.au/
Other services/helplines		
Service	Contact number	Additional information
Butterfly Foundation Helpline	1800 334 673	We're here for anyone in Australia concerned about eating disorders or body image issues, whether you need support for yourself or someone you care about. Our Helpline is not a crisis line and we cannot provide medical help https://butterfly.org.au/get-support/helpline/
GambleAware counselling service	1800 858 858	Information on how to gamble safely, plus free confidential support for anyone affected by gambling. https://www.gambleaware.nsw.gov.au/i-need-support/i-am-affected-by-someone-elses-gambling
Head to Health-Australian Government site		www.headtohealth.gov.au
LawAccess NSW - access to 'Mental Health Advocacy Service' via this number	1300 888 529	Monday to Friday between 9am and 5pm (excluding public holidays) for legal help. https://www.lawaccess.nsw.gov.au/ https://www.legalaid.nsw.gov.au/what-we-do/civil-law/mental-health-advice
Mensline Australia	1300 789 978	Qualified counsellors specialising in family and relationship issues, including relationship breakdown, separation and divorce, parenting, family violence, suicide prevention and emotional well-being https://mensline.org.au/mens-mental-health/
Mental Health Review Tribunal (MHRT)	1800 815 511	www.mhrt.nsw.gov.au
MyAgedCare	1800 200 422 (Freecall)	Phone number available Mon - Fri 8am - 8pm, Saturday 10am - 2pm If you need some help around the house or think it's time to look into aged care homes, My Aged Care is here to help. https://www.myagedcare.gov.au/
NDIS- National Disability	1800 800 110 or	Monday to Friday 8am to 8pm (local time).

Insurance Scheme	enquiries@ndis.gov.au	https://www.ndis.gov.au/understanding/families-and-carers
Post and Antenatal Depression Association (PANDA) Helpline	1300 726 306	Mon to Fri, 9am - 7.30pm AEST/AEDT Safe, caring and confidential space for you to talk through any concerns you may have as an expecting or new parent, or support person https://panda.org.au/
The Transcultural Mental Health Centre (TMHC)		TMHC works with health professionals and communities across NSW to support positive mental health for people from culturally and linguistically diverse communities https://www.dhi.health.nsw.gov.au/transcultural-mental-health-centre

For information on Guardianship and / or Financial Management Orders

NSW Trustee and Guardian <https://www.tag.nsw.gov.au/>

The NSW Civil and Administrative Tribunal (NCAT) can be contacted for general enquiries about an online Guardianship and/or Financial Management application or NCAT procedures, **1300 006 228** during business hours.

NCAT hears applications about people with a decision-making disability when informal arrangements are not working or there is a legal problem.

Factsheet for applicants: <https://www.health.nsw.gov.au/factsheets/Factsheets/nsw-trustee-and-guardian-fact-sheet.pdf>

HNE MHS web page for consumers and carers has additional resources

https://www.hnehealth.nsw.gov.au/our_services2/mental-health/information-for-consumers-and-carers



Please utilise QR code for access to web page.

This page has a resources with articles, initiatives and service updates as well as a list of useful contacts.

APPENDIX 2: Prompting tool to support engagement with the Mental Health Service

We appreciate that this can be both a challenging and overwhelming time for families and carers. In order for the service to provide you with appropriate supports to meet your needs and those of your family member/person you are caring for, the following has been developed to support conversations with the treating team.

Please utilise this prompting tool to support any conversations you have with the team, it can be used as a prompt for discussions with the treating team or to take notes.

We have also placed a circle next to each topic so you can tick off as needed.

The service has a number of specialist teams ready to provide support if needed such as;
<ul style="list-style-type: none"><input type="radio"/> Aboriginal or Torres Strait Islander Mental Health Clinical Workforce<input type="radio"/> Multicultural Mental Health Liaison<input type="radio"/> Interpreter service<input type="radio"/> Court liaison service
If you feel you require support with any of the following issues, please raise with a member of the treating team for guidance, referral pathways and support;
<ul style="list-style-type: none"><input type="radio"/> Carer support groups, carer services/supports<input type="radio"/> Legal matters- forensic system<input type="radio"/> Housing issues/homelessness<input type="radio"/> Urgent financial matters, i.e. Gambling issues, outstanding bills<input type="radio"/> NDIS- National Disability Insurance Scheme<input type="radio"/> Care of children<input type="radio"/> Care of animals<input type="radio"/> Young carers<input type="radio"/> Guardianship and/or financial management
If you have any clinical questions related to any of the following, please raise with the treating team;
<ul style="list-style-type: none"><input type="radio"/> Diagnosis<input type="radio"/> Medications<input type="radio"/> Capacity<input type="radio"/> Symptoms<input type="radio"/> Substance use<input type="radio"/> Functional deterioration

Some additional questions you may find helpful:

The questions outlined below are frequently asked by carers and family members, and may help you to determine what you might need to know.


Family members and carers are encouraged/welcome to ask questions of mental health staff. Please feel free to ask staff to repeat the information if needed or have them write it down for you.

- **Where can I find more information about the illness/diagnosis?**
- **What behaviours might I expect to see, are there strategies to manage such behaviours?**
- **What are the early warning signs for becoming unwell again?**
- **What is the medication and what is it supposed to do? Side effects?**
- **What should be done if a dose of medication is missed?**
- **What other treatments are available?**
- **What are the aims of the care / recovery plan?**
- **What can I do to help?**
- **Are there any local carer support services that can help me?**
- **What are my rights and responsibilities?**
- **Will I be included in meetings concerning their care and treatment?**
- **Will I be provided a discharge plan? Is there a follow up appointment/call**

APPENDIX 3: Communication with the Team / Service – some useful tips from carers themselves

You have a great deal of expertise. You often know the patient far better than the clinicians who have spent a short time with them. Remember, they are experts in their medical/professional field; you are an expert in understanding the person you care for.

- Introduce yourself.
- Clearly outline who you are and your relationship to the consumer. (i.e. Mother, father, partner)
- If you are already a Designated or Principal Care Provider, please inform the clinician. If not and you are willing to accept the nomination, you can raise this with the clinician.
 - *There may already be another appropriate nomination in place and you may be happy to endorse this nomination.*
 - *If the nomination is inappropriate, you may like to discuss this with the clinician, clearly and factually giving reasons. Try to stick to facts and avoid use of emotive language.*
- It may help to jot the main points you wish to focus on down on to use as a checklist prior to contacting the team to organise your thoughts. i.e. Concerned about medication, concerned about length of stay, how can I contact the person I care for?



A communication tool for Mental Health Carers

ERP... FAB, Thanks!

Establish you are speaking to the correct person and it is convenient to take your call.

Relationship: give your relationship to the patient.

Person(s) for contact (First Contact)
Notify if you are already a Designated or Principal Care Provider.

Focus on the main reasons for your call.

Acquaint yourself with the terminology.

Be Confident: You are the expert in knowing the person you are caring for.

Thank You

ERP Fab thanks was developed by a Carer, Di Lymbury, as a tool to support other carers structure conversations with clinical staff.

Di said she was reflecting on her interactions with friends and staff when they asked how she was going. She said she often responded with “ah... fab, thanks” because often it wasn’t the right time to get into it, or she wasn’t sure how to respond.

The “ah (ERP), FAB” became an acronym to guide carers through structuring a conversation with staff to support your needs being met.

- Sourced from the HNE Mental Health Service resource ‘A Communication Tool for Mental Health carers –ERP... FAB, Thanks!’

Author Di Lymbury

APPENDIX 4: HNE MHS Carer / Family Map

Map can be accessed on https://www.hnehealth.nsw.gov.au/our_services/mental-health/information-for-consumers-and-carers
(information for Consumers and carers HNE MHS web page)

Picture taken of current Carer/Family map for your reference.

Please note: map is kept updated and thus best to view via links above

HNE MHS CARER/FAMILY SUPPORTS MAP
(Quick reference list) Page 1

Carer Experience Survey (CES)

"The CES available for the family and carers of people who access public mental health services across different health districts. The service you are accessing within HNE MH will have the CES and you can request it from staff, to enable you to give feedback."

[Carer Experience of Service Survey \(CES\) - Mental Health Carers NSW](#)

Carer Services – One Door Mental Health

One Door Carer Services provides information, education, advocacy, and support, through the Family and Carer Mental Health Program (FCMHP).
<https://www.onedoor.org.au/services/carers-services>

Carer Advocates for HNE

- Armidale– Isabelle Devos, 0400463171
- Taree– Mydie Keegan, 0429995907
- Muswellbrook– Bindi Baker, 0466453078
- Tamworth– Diane Dobson, 0438446542
- Newcastle– Daryn Steer, 0400498479 and Johanna Rowe, 0498953920
- Inverell– Lisa Dunlop, 0428964000

More resources – HNE MH Webpage; Consumers and Carers Information page

[Please click here](#)

This page has a monthly resource with articles, new initiatives and service updates as well as a list of useful contacts.

The Mental Health Line- 24 /7- Call 1800 011 511.

[Click here for more info](#)

If someone has attempted, or is at immediate risk of attempting to harm themselves or someone else, call triple zero (000)

HNE Mental Health General Enquiries, (02) 40335000 or [Facilities list- HNE MHS](#)

Inpatient

- Mater Mental Health Centre– 40335300
- Intermediate Stay (ISMHU)– 49246960
- NEXUS– Child and Adolescent at John Hunter Hospital– 49855800
- Morisset Hospital – 49730222
- Maitland MH Unit– 49392456
- Banksia Inpatient Unit– 67677870
- Taree MH Unit– 65929525
- Clark Centre– Armidale– 67769628

Community Child and Adolescent (CAMHS)

- Newcastle– 49257800, Lake Macquarie– 49049100, Hunter Valley– 49392449
- Whole of Family Team and Wiyiliin Ta- 49647100


Community Teams (CMHT- Adult and Older People)

- Newcastle- 49647000
- Lake Macquarie– 49049000
- Hunter Valley– 49392900
- Support through Early Psychosis Service (STEPS) – 49151796
- MH and Substance Use Service– 40335600
- Tamworth – 1800011511
- Narrabri/Inverell/Moree (CAMHS incl) - 67570222
- Taree (CAMHS Incl) - 65929315
- Bulahdelah, 49879929- Gloucester, 65581011
- Forster, 65396300
- Glenn Innes (CAMHS incl) - 67390100
- Tenterfield (CAMHS incl) - 67395200
- Armidale– 67769600
- Centre for Psychotherapy- 49246820
- Safe Haven (Tamworth and Newcastle)- [Click here for more information](#)
- Farmgate support program, ph. 0477 322 851 [click here for brochure](#)

Please contact local community MH teams for information about specialist programs;

- Young People-Children of Parents with Mental Illness (YPCOPMI)
- Perinatal Infant Mental Health
- Youth Engagement Services (YES)
- Community Transition Teams (or PCLT)

- Adult and Older Persons teams- CMHT and Inpatient teams can provide more information to family/carers as appropriate- [more information](#)

**Health**
Hunter New England
Local Health District

APPENDIX 5: Dementia Care – What is the TOP 5?

TOP 5 helps to personalise care for clients with memory and thinking problems

And was developed by Central Coast Local Health District NSW CEC initiative - funded by HCF Health & Medical Research Foundation



What is TOP 5?

TOP 5 is a tool to enable staff to work with carers to tap into their knowledge and expertise of the person who has become the client.

The primary carer's knowledge of the client, especially in relation to communication and behaviour, can be the key to assist staff when managing the care of the client, understanding their needs and providing reassurance in an unfamiliar environment.

TOP 5 promotes talking with the carer at the start of an admission and can benefit the client, carer and staff.

What will happen?

A member of staff from the service will speak with you when you and the client are referred to the service. The client will have been identified as having memory or thinking problems.

The staff person will talk with you about **TOP 5** and explain how it can help with care. They will ask you about the five most important things staff should know to communicate and reassure the client.

This information is called



This information (also called strategies) will be included in the client's notes to allow all staff involved in care to access this information to support care.

Identifying TOP 5 strategies

The following questions are about the person that you care for and will assist us in personalising the care.

Are there things/situations that may cause distress? e.g. colours, topics, the gender of staff.

If unsettled, are there words or actions that will help settle and calm? e.g. listening to music, relocation, reading and lighting.

Are there any repetitive questions or reoccurring issues that may need specific answers? What is the preferred answer?

Is there somebody that might be called out for? This could be a person or pet.

Are there signs that indicate a need or a want? e.g. fidgeting to indicate a need to go to the toilet.

Carers say:

"Staff should know if my wife starts to mumble and talk to herself she is becoming anxious – a calm reassurance from staff like *'It's okay Beryl, you are safe. We are looking after you.'* is all she needs."

Rex – carer for wife

Staff said:

"Bob used to get agitated every morning at 4.30am. A friend came to visit and said Bob used to manage a lorry yard. The Lorries needed to be out by 4.30am. Just say *Bob the Lorries are all gone* and he will settle!"

Carers say:

"It is important that staff tell Dad that his meal has arrived and they hope he enjoys it – if they just leave the tray he will not recognise it as his."

Brad – carer for father

Clinical Excellence Commission 2012 Version 2 – TOP 5 Brochure Information for Carer

Useful links;

- Full brochure (English) can be accessed via this link:
https://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0003/259176/TOP-5-Brochure-for-Carers.pdf
- Also available in Hindi, Italian, Chinese and Greek-
<https://www.cec.health.nsw.gov.au/improve-quality/teamwork-culture-pcc/resources-and-tools>
- Top 5 when in hospital for people of Aboriginal descent;
<https://www.cclhd.health.nsw.gov.au/wp-content/uploads/Top-5-When-in-Hospital-for-people-of-Aboriginal-descent.pdf>
- TOP5 is available and appropriate for use by patients and / or carers who are deaf. TOP5's for people who communicate using Auslan. <https://www.cclhd.health.nsw.gov.au/patients-and-visitors/carer-support/top5/top5-auslan-video/>

APPENDIX 6: HNE MH Rehabilitation Services

HNE Mental Health: Community Rehabilitation Model of Care, 2019; CLINICAL REHABILITATION SERVICES ACROSS HNEMH

The experience of mental health issues, the acceptance of a mental health diagnosis and of treatment can be very challenging and impact on the development and upkeep of essential life skills. The effects of mental illness can also have a significant impact on, and cause disruption to, the pathway of someone's life. Clinical rehabilitation services provide assistance to acquire and use the strengths and skills, supports, and resources necessary for successful and satisfying living, learning and working in the environments of a person's choice. It is recovery oriented and focuses on the building of skills not developed or the rebuilding of skills lost through the experience of mental illness.

A collaborative approach to care and planning which is inclusive of the consumer, family/carers, and other support services is undertaken to assist people to choose goals to work towards and provides interventions to develop the skills, resources and supports they need to achieve their goals, wishes and aspirations. Areas of focus might include: managing mental health, physical health and self-care, living skills, social networks, meaningful activity (including work and study), relationships, addictive behaviour, responsibilities, identity and self-esteem, and hope for the future.

Family members and carers are in a unique position to contribute to a person's recovery and this is particularly valuable in mental health rehabilitation. The overall aim of recovery-focused rehabilitation is to enable people to live meaningful lives in the community and to achieve their fullest potential.

Within HNEMH, rehabilitation services are available in all community mental health teams. Inpatient rehabilitation is available at the Intermediate Stay Mental Health Unit (ISMHU) and at Morisset Hospital. See below for more information.

SERVICE/TEAM	Details
Support Through Early Psychosis Service (STEPS) – Hunter Only	<p>Recovery program for young people (aged 16 - 30 years) who have experienced the recent onset of psychosis (within the past 2 years)</p> <p>Aims to:</p> <ul style="list-style-type: none">— Promote recovery from a psychotic episode— Reduce frequency and severity of relapse— Reduce secondary morbidity in the post-psychotic phase— Reduce disruption to social and vocational functioning, and psychosocial development in the critical period following onset of illness
Inpatient Clinical Rehabilitation - Intermediate Stay Mental Health Unit (ISMHU)	<ul style="list-style-type: none">— 20-Bed non-acute inpatient unit— Length of stay: 6 to 12 weeks— Referrals accepted from a range of stakeholders across the HNELHD catchment area— a focus on rehabilitation and recovery

**Psychiatric
Rehabilitation
Service – Morisset
Hospital**

- 91 non-acute inpatient beds
- Clinical Rehabilitation Unit (CRU) – “Cottage Program”
- High Support Unit (HSU) – “Rosella”
- Medium Secure Unit (MSU) – “Kestrel”
- Length of stay – approx. 6 months – 2 years
- Referrals generally made from mental health inpatient units within HNELHD, as well as from other LHDs
- structured to meet a range of individual clinical support and rehabilitation requirements

**PCLI- pathways to
Community Living
Initiative
(also known as the
Community
Transition Teams);**

HNE MHS has two PCLI teams- one for older people’s services and one for adult services.

‘The Pathways to Community Living Initiative is a coordinated state-wide approach to supporting people with enduring and serious mental illness who have been in hospital for more than twelve months to, wherever possible, re-establishing their lives in the community.’

‘Each person who has had a long hospital stay or who is at risk of a long-stay, takes part in assessments to understand their strengths, clinical issues and support needs and also their hopes and dreams. Staff then work with each person and their family to create a plan based on the person’s individual needs.’

<https://www.health.nsw.gov.au/mentalhealth/resources/Pages/pathways-to-community-living.aspx>

Factsheet:

<https://www.health.nsw.gov.au/mentalhealth/resources/Factsheets/pathways-to-community-living.pdf>

APPENDIX 7: Keeping Patient's Safe – Resources for Carers and Families

Falls prevention

Active and Healthy Website- 'This website identifies and lists registered exercise programs, available in your local area, that have specific exercises to improve balance and strength. It also provides useful information on other things you can do to help stay active and on your feet, including information about your health, making your home environment safe, what to do if you do have a fall and home and lifestyle checklists to help reduce your risk of falling.'

<https://www.activeandhealthy.nsw.gov.au/>

Staying Active and on Your Feet Booklet- 'The Staying Active and on Your Feet Booklet is a useful for patients and carers with exercises to do at home, and also includes lifestyle and home safety checklists.' <https://www.cec.health.nsw.gov.au/keep-patients-safe/older-persons-patient-safety-program/falls-prevention/for-patients-carers-and-families>

Pressure Injury Prevention

'Resources and tools are available to support pressure injury prevention and management to provide a comprehensive, safe, person-centred approach to care.'

<https://www.cec.health.nsw.gov.au/keep-patients-safe/older-persons-patient-safety-program/pressure-injury>

Caring for your skin factsheet-

https://www.cec.health.nsw.gov.au/data/assets/pdf_file/0008/664640/Caring-for-your-skin.PDF

'Between the Flags'

The '**Between the Flags**' system helps healthcare staff to recognise early signs when a patient becomes more unwell and to respond appropriately. The system was developed by the CEC and mirrors the way Surf Life Savers keep watch over us at the beach to ensure we remain safe. <https://www.cec.health.nsw.gov.au/keep-patients-safe/between-the-flags/patients-carers-and-families>

If you see a worrying change first talk to the nurse, midwife or doctor. If you are still worried, ask to speak to the person in charge and request a 'Clinical Review'. A Clinical Review means that the patient will be seen in 30 minutes by a senior staff member to assess and ensure that they are safe

Key Contacts / Notes

Unit/Team	
Contact Numbers	
<ul style="list-style-type: none">• Nurse Unit Manager• Care Coordinator	
Questions/notes	

Questions/notes

WITH THANKS...

The development of this resource relied on the clinical knowledge and expertise of many teams and leaders across the MHS. Thank you to the One Door Carer Services for their collaboration in developing this resource as well as the carer representatives from the HNE MHS Lived Experience Participation Unit for their invaluable contribution to ensure this booklet is user friendly, accessible and supports carers/families when navigating the MH system.

Thank you also to the HNE MHS Family, Kinship, Carer, Lived Experience Action Group and the MH Executive for your consistent drive to want to enhance services/supports for carers and family members accessing MHS

NSW Health

**HNE MHS Family and Carer Mental Health Program
Mental Health Admin Building, Mater Campus
Edith Street, WARATAH NSW 2298**

**Office hours:
Monday to Friday
8.00am — 4.30pm**

E: HNELHD-MentalHealthFamilyCarerProgram@health.nsw.gov.au

