

Phases of Carer Engagement – A FIVE Point Plan for CARERS



Phase 1: The Beginning

A team member will contact you as part of the entry into service of your loved one.

They will:

- Acknowledge your strengths and input.
- Provide you information on patient and carers rights regarding confidentiality and privacy within the service.
- Acknowledge and respond to your concerns and provide 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 **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.

Phase 2: Building Relationship

You will be orientated to the mental health service and provided with a *Carer Pack* and details of the treating Dr and others who will be involved in their care.

Designated carers (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, MH Act proceedings (eg MH 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.
- Notified of Mental Health Tribunals and be given the opportunity and support to attend this process.
- Provided information about carer services and pathways for specialist support that may include a Carer Support Map.

Hunter New England Mental Health service would like to acknowledge the traditional custodians of the land this flyer is on and pay respect to the elders past and present of this nation. We would also extend that respect to other Aboriginal people present on this nation.

Phase 5: Discharge & 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 MH Access Line PH 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!

Recognising, supporting and including families and carers in treatment, planning and service provision

Phases of Carer Engagement – A FIVE Point Plan for CLINICIANS



Phase 1: Presentation

- Identify and contact carer/family
- Request information that may assist initial assessment
- Relay relevant information re patient and carer rights, patients condition, admission and plan
- Provide carers with contact details of service
- Acknowledge 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, carers or others prior to any contact
- Is this a **Young Carer**?

Excellence tools should be utilised in the appropriate setting:

- HAIDET
- CLINICAL HANDOVER WITH CARER (if able)

For information and resources for carers
<http://www.hnehealth.nsw.gov.au/mh/mhpublicresources/mhfc> and <http://www.kidsfamilies.health.nsw.gov.au/>

Phase 2: Building Relationship

- Orientate carers to the Service including layout, key staff members, contact details of treatment team and relevant procedures and visiting hours
- Provide and update on patients condition and proposed treatment options
- Acknowledge carer concerns and offer support
- Provide a carer pack and carer support map (located in hnehealth ink provided)

For those under the Mental Health Act:

- Explain the relevant details about MHA proceedings, patient and carer rights and responsibilities and provide written information

Phase 3: Inclusive Assessment

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

Phase 4: Treatment

- Offer information about care and treatment.
- Consult with the carer about treatment and care plans.
- Ask about carer perception of wellness, risk, current problems and needs.
- Carers to be invited to care planning meetings and reviews.
- Notify carer of Mental Health Tribunals and be given the opportunity and support to attend this process.
- Provide information about carer services and pathways for specialist support (*Carer Pack* and *Carer Support Map*).

In the case of incidents whilst in care:

- Advise carer asap
- Open disclosure if appropriate
- Advise of clients current condition
- Offer support

Use Excellence tools that should be utilised in the appropriate setting:

- HAIDET
- CLINICAL HANDOVER INCLUDING PATIENT & CARER
- PATIENT CARE BOARDS
- CARER ROUNDING

Phase 5: Discharge Planning

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

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

Use Excellence tools including:

- HAIDET
- CLINICAL HANDOVER INCLUDING PATIENT & CARER
- PATIENT CARE BOARDS
- CARER ROUNDING
- FOLLOW UP PHONE CALL
- DISCHARGE SUMMARY

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