Introduction

Under the *Mental Health Act 1996* the Chief Psychiatrist has a statutory responsibility for the medical care and welfare of involuntary patients and the monitoring of psychiatric care throughout Western Australia. The issuing of clinical practice guidelines is consistent with this responsibility. The guidelines are aimed at improving outcomes for consumers by enhancing the skills of mental health clinicians and the clinical decision making in the variety of clinical settings. The guidelines are specifically designed to assist, rather than direct, clinical decision-making; and are to be applied on a case-by-case basis by the clinician.

The development of this guideline has been influenced by a number of publications focussing on improving the working relationships of mental health services, carers and families including information contained in the Victorian Chief Psychiatrist’s Guideline *Working Together with Families and Carers*.

The families and carers play an integral part in supporting people who suffer from mental illness. There are people within the extended social network that have importance but do not have the more direct relationships which support communications as being more central to mental health care provided to people with mental illness. Families and carers are vital partners together with mental health service providers in enhancing the health and wellbeing of those people they care for. Families and carers often have knowledge that is essential information for clinicians in their assessment of the consumer. Research demonstrates that better outcomes are achieved for consumers, carers and mental health clinicians by informing and engaging carers early in the planning and on-going delivery of service (*Communicating with Carers and Families, April 2010*). It is recognised that carers and families play a critical role in the process of recovery and relapse prevention.

The *WA Carers Recognition Act 2004* is an important milestone in supporting the crucial and often difficult and complex role of carers. The Act supports changing the culture of service providers so that the impact on carers and the contributions of carers are considered when services are assessed, planned, delivered and reviewed. The Act established the Carers Advisory Council which monitors compliance with the legislation and provides advice to the Government on matters relating to carers. A key part of the Act requires service providers to comply with the *Western Australian Carers Charter*. The Charter provides clear direction on how carers are to be treated and how carers are to be involved in the delivery of services. Specifically the Charter states:

- Carers must be treated with respect and dignity;
- The role of carers must be recognized by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers;
- The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers; and
- Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.

Mental Illness affects not only the individual but also those who are involved in their care. The impact on those carers will depend on how severe the mental illness is, how effective the treatment and interventions are and the particular circumstances of the consumers and the carers. The proposed Western Australian mental health legislation, the draft *Mental Health Bill 2010*, has adopted the definition of carer as outlined in the *Carers Recognition Act 2004* where a carer is defined as a person who provides ongoing care or assistance to a person with an intellectual, physical or mental disability. This will usually refer to family and important contributors to care but may also include those who, while not related to the client by biology or marriage, are nevertheless actively involved in their care such as intimates, friends and housemates.
It is extremely important that mental health services involve carers and families (with regard to consent of the consumer) in the treatment process for people with mental illness to ensure that the highest quality mental health care can be provided. As stated earlier there is strong evidence that involving carers and families improves the treatment outcomes for mental health consumers and thereby enhances the ability of carers to cope with the demands of managing a difficult situation on an ongoing basis. Carers WA in partnership with the then Health Department of WA Mental Health Division, the Office of the Chief Psychiatrist and the University of WA School of Psychiatry and Neuroscience have developed two guidelines entitled Carers Guide to Information Sharing With Mental Health Clinicians 2007 and Communicating With Carers and Families 2010. These guidelines are aimed at enhancing the communication between carers and clinicians and providing carers with information about how to manage the difficulties that arise in communications and involvement in the course of caring for a person with a mental illness.

Standard 7 of the National Standards for Mental Health Services 2010 states that mental health services should recognise, respect, value and support the importance of carers to the wellbeing, treatment and recovery of people with a mental illness.

Unfortunately carers may sometimes be regarded by mental health services as having little to contribute to the treatment process and hence there is minimal communication between them and mental health service clinical staff. There can also be a tendency for staff to avoid communicating with carers because the staff may feel they are required to be focussed on the consumer, they are unable to give the carers any positive information on the consumer’s treatment or they believe they are bound by confidentiality requirements and not able to have any discussions regarding the consumer’s treatment with family members and carers.

In regard to the final point section 206 of the Mental Health Act 1996 specifies a person involved in the treatment of a patient must not directly or indirectly divulge any personal information gained in the course of treatment except in the circumstances outlined in that section.

This guideline does not intend to discuss in detail those few situations where the consumer has given explicit instructions that the carers are not to be provided information with regard to his or her treatment. Such a situation will require careful consideration as to the most appropriate course of action to be taken in line with section 206.

However in the vast majority of situations when consumer agreement is sought clinical staff are able to communicate with carers about the consumer’s treatment and invite their participation in the treatment process.

Under the new mental health legislation currently being drafted which will bind all mental health services statewide the views of carers are required to be taken into account when discharging functions under the proposed Act, unless it is unreasonable and impractical to do so. There is an increasing emphasis in international and jurisdictional legislation on the importance of disclosing information to carers where it is required for a consumer’s ongoing care and the requirement that this information be provided in an easily understood format.

It is timely to recognise the integral and often vital contribution that carers make in the process of recovery and prevention of relapse and involve carers in the treatment process as a matter of course unless there is consumer direction this should not occur. Crucial to such an approach is education, skill development and support for carers and families. Underpinning such an approach is the ongoing communication and sharing of information between clinicians, consumers and carers in regard to the treatment that is being provided to the consumer. Carers need timely information (which often needs to be repeated) about mental illness, its likely course and outcomes.
The Chief Psychiatrist is repeatedly advised by carers, carers advocacy agencies including Carers WA and Mental Health Carers Arafmi (WA), of the frustrations and distress of carers and families who have not been able to contribute to mental health service care despite their vital role in the care of consumers. This has been a significant driver for the development of this guideline for action.

**Principles**

- Carers must be treated with respect and dignity;
- The families and carers play an integral part in supporting people who suffer from mental illness.
- Families and carers are vital partners together with mental health service providers in enhancing the health and wellbeing of those people they care for;
- Mental illness affects not only the individual but also those who are involved in their care.
- Mental Health Services should have a significant focus on providing information, involvement and support for families and carers, receiving information and working directly with families and carers (with the consumer’s agreement or consent);
- Where the consumer refuses agreement or consent the mental health service still has important information to receive and general information provision and support to be provided to families and carers without breaching confidentiality of personal information.
- Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention, consideration and action.
- Under the new mental health legislation currently being drafted which will bind all mental health services statewide, the views of carers are required to be taken into account when discharging functions under the proposed Act, unless it is unreasonable and impractical to do so.

**Purpose**

The purpose of this guideline is to raise mental health services’ awareness of the importance of working closely with carers and families, to facilitate the involvement of carers and families and to outline a number of actions that will enable the development of these close working relationships.

**Actions**

The following actions should occur to ensure that carers and families are included in the treatment process for consumers:

- Services should have clearly developed policies and procedures for working with carers and families. These policies and procedures should include issues of testing the consumers agreement or consent as an active and reported process (where this may be refused) and actions that may be taken where agreement or consent is refused.
- Carers and families should be regarded as integral partners with mental health clinicians in the provision of care to the consumer and recognised, respected, valued and supported for the essential contribution they make to the care of consumers. Mental health services should support carers and families by:
  - Giving feedback to carers and families about the care they provide where agreed to by the consumer thereby involving the carer or family in treatment planning and discharge planning
  - Giving them written policies and information;
  - Telling them about service processes and how to follow them;
  - Having accessible complaints, appeal and carer feedback processes; and
• Providing carers with information on strategies for addressing difficult care management situations.
• Receiving information from families and carers that is incorporated into management plans and actions.
• Mental health services and clinicians should promote communication with carers and families and work with them in a way that promotes their strengths (whilst acknowledging their difficulties) and empowers them to be more effective and resourceful. The ways in which such communication takes place includes:
  • Responding promptly and courteously to one another;
  • Contacting one another to share information and feedback;
  • Listening to and respecting each other’s views;
  • Working together to resolve concerns; and
  • Working together to protect the confidentiality of sensitive and personal information.
• Clinicians require the skills and competencies to enable them to work effectively with carers and families. Services should arrange training/instruction to enable staff to develop the skills to better understand the carers’ needs in the caring role.
• Services should clearly delineate the role and responsibilities of the carer and clinician in the provision of care to the consumer.
• The treating team should contact the carers and families as soon as practicable to involve them in the treatment process when the consumer is admitted to the service’s care.
• The issue of confidentiality should be discussed as soon as practicable with consumers, carers and families. Services should ensure clinicians have a sound understanding of the confidentiality provisions of the Mental Health Act 1996 which defines what information can be conveyed to families and other carers and under what circumstances. Where consumers refuse to consent to the sharing of information, general information about mental illness can still be given to carers without breaching confidentiality and support can still be provided for carers and families.
• Mental health services should ensure that the cultural and language needs of carers and families are considered in communicating with them. Services should ensure staff develop the necessary skills to meet this requirement with particular attention to the needs of indigenous carers and families.
• Mental health services should include carers’ and families’ views in the treatment process by:
  • Including them in case planning processes;
  • Giving them clear reasons why decisions are made particularly if they contravene the views of carers;
  • Involving them in the development of crisis plans with a clearly identified clinical service response;
  • Involving them in discharge planning processes which include the subsequent clinical services and issues such as indications of relapse where carers may play a vital role of early preventative intervention; and
  • Assisting them with the psychological and social as well as the clinical needs of the consumer (this means working collaboratively with other relevant agencies involved in providing care to the consumer)
• Services should ensure carers and families are informed about:
  • The high incidence of co-morbid conditions including substance use and physical illness if these conditions are relevant to the consumer’s treatment;
  • The availability of carer and family support networks; and
  • The availability of electronic and other information that can support carers and families.
• If the consumer has refused the involvement of carers and family in the treatment process services should periodically reassess this decision to see if the consumer has changed his or her mind and to encourage greater involvement.
• Services should ensure staff are aware of the rights that carers appointed guardians have in relation to the consumer’s treatment.
• Services should ensure all discussions/contacts with carers and families are clearly documented in the medical record.
• Services should maintain communications with carers’ advocacy agencies both for individual cases and general information that can be provided to consumers, carers and families.

Follow Up

The Chief Psychiatrist will continue to review services’ progress and implementation of this guideline as part of the monitoring of psychiatric care throughout Western Australia.

References

WA Mental Health Act 1996.

Working together with families and carers, Chief Psychiatrist’s Guideline, Victorian Department of Human Services, April 2005.

WA Carers Recognition Act 2004. For further information about the Act and the Carers Charter contact the Carers Secretariat c/o Office for Seniors Interests and Volunteering Level 7 Dumas House 2 Havelock Street West Perth WA 6005.

Carers guide to information sharing with mental health clinicians, WA Department of Health, April 2007.

Communicating With Carers and Families, WA Department of Health, April 2010.

National Standards for Mental Health Services, Canberra, Australian Government, September 2010.