CERTIFICATE IV
Mental Health Peer Work

CHC43515

Supporting Wellbeing and Physical Health

mhcc
mental health coordinating council

Resource Book
Addendum

Acknowledgements

Disclaimer

Contents

Units of competency

CHCMHS011 Assess and promote social, emotional and physical wellbeing

1. Assess the person's wellbeing

    1.3   Reflect on and respond to own values, beliefs, attitudes, power and behaviours regarding wellbeing to ensure non-judgemental practice

    1.7   Identify, negotiate, obtain and document any consents required

6. Review the person's wellbeing

    6.4   Evaluate effectiveness of work and service provision, gathering and acting on feedback from all relevant parties particularly the person receiving the service

    6.5   Reflect on own practice and use learning to identify strategies and plan for improved practice

    6.6   Engage in collaborative record keeping

CHCCS023 Support independence and wellbeing

1. Recognise and support individual differences

    1.1   Recognise and respect the person's social, cultural and spiritual differences

    1.2   Avoid imposing own values and attitudes on others and support the person to express their own identity and preferences

    1.3   Consider the person's individual needs, stage of life, development and strengths when engaging in support activities

    1.4   Recognise, respect and accommodate the person's expressions of identity and sexuality as appropriate in the context of their age or stage of life

    1.5   Promote and facilitate opportunities for participation in activities that reflect the person's individual physical, social, cultural and spiritual needs

Recognising and supporting personal, spiritual, cultural and social needs

When assessing health and wellbeing, we need to recognise all aspects of the consumer's/carer's life and what is most important to them. Our process needs to be consumer/carer led and our own values, beliefs and attitudes kept in check to ensure they don't influence how we work. To do this, we need to find out who they are and what they need as they define these and facilitate a process that provides them with options and resources in order to meet these needs.

In an earlier chapter, we discussed the wellbeing and healthy lifestyle domains and the holistic guide to whole person wellness. These provide a strong basis for assisting consumers to identify where they are, what their strengths are and what future possibilities they see in terms of their physical, emotional, mental, social, cultural, environment, occupational and financial needs. It allows them to define what is important without having to disclose information they want to keep private.

Beyond societal definitions of needs based on broad terms such as culture and spirituality, each person experiences their version of these differently. This is known as person culture. Personal culture is made up of numerous factors including where we were born, where we grew up, how we grew up and with whom, our spiritual/religious background, social environment, economic environment, experiences and personal preferences, attributes and abilities. From these, we gain our values and beliefs, which inform how we view the world and others. They underpin our thoughts, assumptions and attitudes.

Personal culture can change over time, as we mature, experience the different stages of life and experience events and situations that may challenge or reinforce our existing values and beliefs. What we do with these experiences will also vary from person to person.

It is easy to think we know what a person needs based on generalisations about who they are. We may assume that because a person is from a certain country, is a certain age or is of a certain sexual orientation, that we know something about them. The truth is that we only know a few facts about the person that may or may not be useful in understanding them. It is only in delving deeper that we can know if it is relevant. For example, while a Sudanese consumer is most likely to be Sunni Muslim, many Sudanese are animists, the indigenous religion of Sudan, and a few are Christian. This can make a significant difference to what is important to the consumer when it comes to their own approaches to health and wellbeing. Another example is assuming that a person embraces their culture of origin fully and all its traditions but many people only take on the aspects that they resonate with and each person will have experienced their culture through their family's version of it.

When first getting to know a consumer or carer, however, we are asking them to tell us, a stranger, about themselves. It can be quite personal information for some people. Their health and wellbeing will be intertwined with a number of personal and potentially private factors. It takes time to create rapport and to show them how you work, so they can assess how much information they are willing to disclose to you. Showing a genuine, curious and non-judgemental interest in the information they provide shows respect and can go a long way in building trust. Using this to identify and promote health and wellbeing activities can fosters confidence that their needs will be met as much as possible.

Other considerations that may play into a persons' health and wellbeing as part of their personal culture include the life stage a person is in, how they define their identity and how they define their sexuality and sexual identity.

Different life stages can place differing focuses on what is important to a consumer or carer. A young adult may be focusing on establishing their career and friendship networks and negotiating adult responsibilities such as paying bills as they embrace a new level of independence in their lives. A person in their late twenties may be solo parenting young children or returning to study, which will add certain priorities or pressures when discussing health and wellbeing. A person in their middle years may be focusing on having enough money for retirement and trying to balance their work life with caring for an unwell parent or child and may have different concerns again. A person who has retired may need to establish additional activities to meet their changing social, physical and emotional needs. Also, older people can find themselves feeling isolated and experiencing great loss if they lose their partner and as friends and relatives around them pass away, even though it is a natural part of life. People can have activities that are normally attributed to certain life stages interrupted when they become unwell or are caring for someone whom is unwell.

Life stages can also be about human development life stages, how the body, mind and emotions develop according to the cycle of life. What is considered a healthy level of physically activity at 20 will be different to what is considered healthy at 80. While people may not fit exactly into the averages, the stages of human development are a consideration in wellbeing and health and provide a broad framework that medical health practitioners and service providers may use as a base to assess a person or to determine goals or actions.

Personal identity is about how the person defines themselves, regardless of the details of their life. For instance, a person born in Italy to German parents who migrated to Australia at the age of 10 may identify as Italian, Australian or as a combination of all 3 cultures. That same person may identify themselves as a consumer or carer first and culture is not so important. Personal identity plays a large role in health and wellbeing, as there may be a number of factors that are imperative according to their identity or there may be no-go zones beyond what may be presenting or is obvious. For example, a consumer may not define themselves as having a mental health condition. It's important to respect this and approach your work together from this perspective. At the same time, you need to be transparent with what your role is required to do especially around documentation and referrals. This is an ideal opportunity to collaboratively complete documentation so their identity is respected and your workplace obligations are met.

Sexuality and sexual identity are core to personal identity. They can play an important part in a person's life, or can simply be who they are and may not require noting, but as with personal identity, it is about how the person defines themselves and the importance they place on this. One example is that many people do not identify as female or male for a number of reasons, they may be intersex or may not identify with the social constructs of gender. Till recently, official forms only provided male and female as gender options, marginalising a number of people and denying their identity. As a worker, it is your role to respect the person's identity and if it doesn't fit into the limits of workplace definitions, then how you work with them to negotiate the disconnect becomes your task. Another example is where a person may have undergone gender reassignment and have legally changed gender, so they need to have their records updated and relevant services informed. They may go through a period of confusion and isolation as people around them respond to the change. Also, their potentially changing health and wellbeing needs may also be a time of discovery for them. A third example is where someone identifies being gay or lesbian and when discussing health and wellbeing options, they want to access services that have workers/practitioners who are also gay and lesbian or at least gay and lesbian friendly. Some people are open about their sexual orientation and may or may not consider it important to their health and wellbeing. Others are private but may disclose it to you to because it is important to them that they access the right services or activities. When discussing sexual health and wellbeing, sexuality and sexual identity, conversations should be led by the consumer and dealt with sensitively and without judgement.

Consent

Throughout our work with consumers and carers, including when we assess and plan around health and wellbeing, there will be times when we need to share or collect information from others in their care network or other services. Observing confidentiality is a legal requirement, so consent in writing is needed before proceeding. Identifying where and when consent is needed and how it is recorded, is usually outlined in your organisation's policies and procedures. Consent needs to be voluntary unless there is a legal ruling that overrides it.

To obtain consent, it is important that the consumer or carer understands:

- what they are giving consent to
- who will be involved
- how that information will be used
- where it will be recorded
- that it is voluntary

Collaborative Record keeping

When working with consumers and carers, the information that is recorded should be a reflection of what each person present understands of the interaction. While there are organisation requirements of how records are written and stored, the content should be developed collaboratively between the worker and the consumer or carer. When the consumer or carer is providing information about themselves, where possible and appropriate, they should record it in their own words. Where you need to record it, where relevant, use the consumer's or carer's language or descriptions to keep records aligned with their intention. When using their language, note it is in their words, so it is clear they are not yours. When documenting yourself, if you need to use workplace terminology or acronyms, explain what these mean, if they don't know and tell them why they need to be used.

Review notes with the consumer or carer to ensure they agree with what has been written. Sometimes, a consumer or carer may agree with what is written, but you may not be sure they fully understand what has been discussed and agreed to, so ask them to tell you what they understand in their own words to check if they match.

Evaluating the effectiveness of your work

Effective work practices can be defined in many ways. It can be that the consumer or carer has had their needs met, it can be that processes and policies were followed correctly and in a timely manner or it can be that a strong working relationship has developed between you and the consumer. All these things are important and can indicate a job well done.

A key activity in evaluating work effectiveness is through collecting and acting on feedback from relevant parties, particularly the consumer or carer themselves. It can be formal as with a review meeting or informal when a consumer or carer makes a comment about their experience or the service. Note informal feedback down, it can be as informative as formal reviews and often happen outside meeting times. It's important to act on feedback, even if it is to review it and decide that there are no further actions to be taken.

In monitoring progress of a consumer or carer's health and wellbeing plan, it is the consumer or carer who provides feedback on how it is working and where it might need to change. It is your role to analyse the information to see if there are other services or options relevant to

their needs. It is also your responsibility to review your work to ensure you are providing the best service possible. Changes to service provision may be made and recorded to keep the health and wellbeing plan living and relevant. Rarely do plans remain unchanged because as we play out activities and actions, they present new information and challenges that may take us in different directions or may lead us to dead ends and other options need to be considered. Also, preferences and needs may change over time as circumstances and a person's health and wellbeing changes.

Feedback can also be sought from others, at the invitation of the consumer or carer, to provide information from a broader perspective. Significant others, other services or other workers may have feedback to contribute, but this should be within the parameters of consent provided by the consumer or carer. People within the care network may observe things from an external perspective and may provide valuable information. Other services may also provide useful information when reviewing the effectiveness and quality of services provided. Where others are invited to provide feedback, it is important that the feedback be recorded. It may be at a meeting where a person's health and wellbeing plan is normally reviewed and other services already attend.

As a worker, you can also seek feedback from a number of people in your work environment. Co-workers who are more experienced and who you respect can provide constructive feedback about how you approach different situations and may offer recommendations on different ways to go about your work. Workplaces sometimes can also accommodate a mentoring style relationship where a more experienced worker who does not work directly with you can meet with you on a regular basis to support and guide your learning. Discussing concerns and observations with your supervisor on a regular basis is a common form of feedback in workplaces and can promote personal and professional growth and professional development planning. For example, if feedback you receive from you supervisor does not match your own view, then you may want to explore this further to understand why. It may indicate that this is an area you are still developing in or that what you present in your work translates differently to others, so an adjustment may be required.

Beyond the feedback we receive, own observations of what works and what doesn't over time is how we develop our professional judgement. Professional judgement is essential to maintain effective work practice. It is based on experience and the ability to assess the best options for consumers and carers, keeping their best interests in mind without personal judgement or expectation while acting within the boundaries of our role and our organisation's requirements. It is also about providing information on the pros and cons of taking each option and not taking each option, so they can make an informed decision, rather than swaying their choices by presenting our perspective on the options. Professional judgement means knowing our own biases, values, beliefs, attitudes, power and behaviours and ensuring they don't impact on our work.

As workers, we are naturally in a position of power, we have access to information, an ability to assist and make recommendations and referrals and the authority to provide services. Even though we may not use it, there is an inherent dynamic that can mean our position has more authority in the situation than the consumer and our views and opinions can be amplified, so we need to be aware of this in our interactions. Professional judgement is being aware of this dynamic and ensuring we allow the consumer or carer to lead the way with decisions where possible and appropriate.

A key component of developing professional judgement is to reflect on your practice and use your learnings to improve it.

Reflective practice

Reflective practice is another way to understand ourselves in our work by reflecting on our reactions, feelings, thoughts and assumptions, whether positive or negative. We can do this in two ways, by reflecting on them as we experience them and make decisions and learning as we go (reflect in action) or we can review these after the fact and balance them against how we prefer to behave or feel to gain a deeper insight into who we are and what is important to us (reflect on action). (Schon 1983)
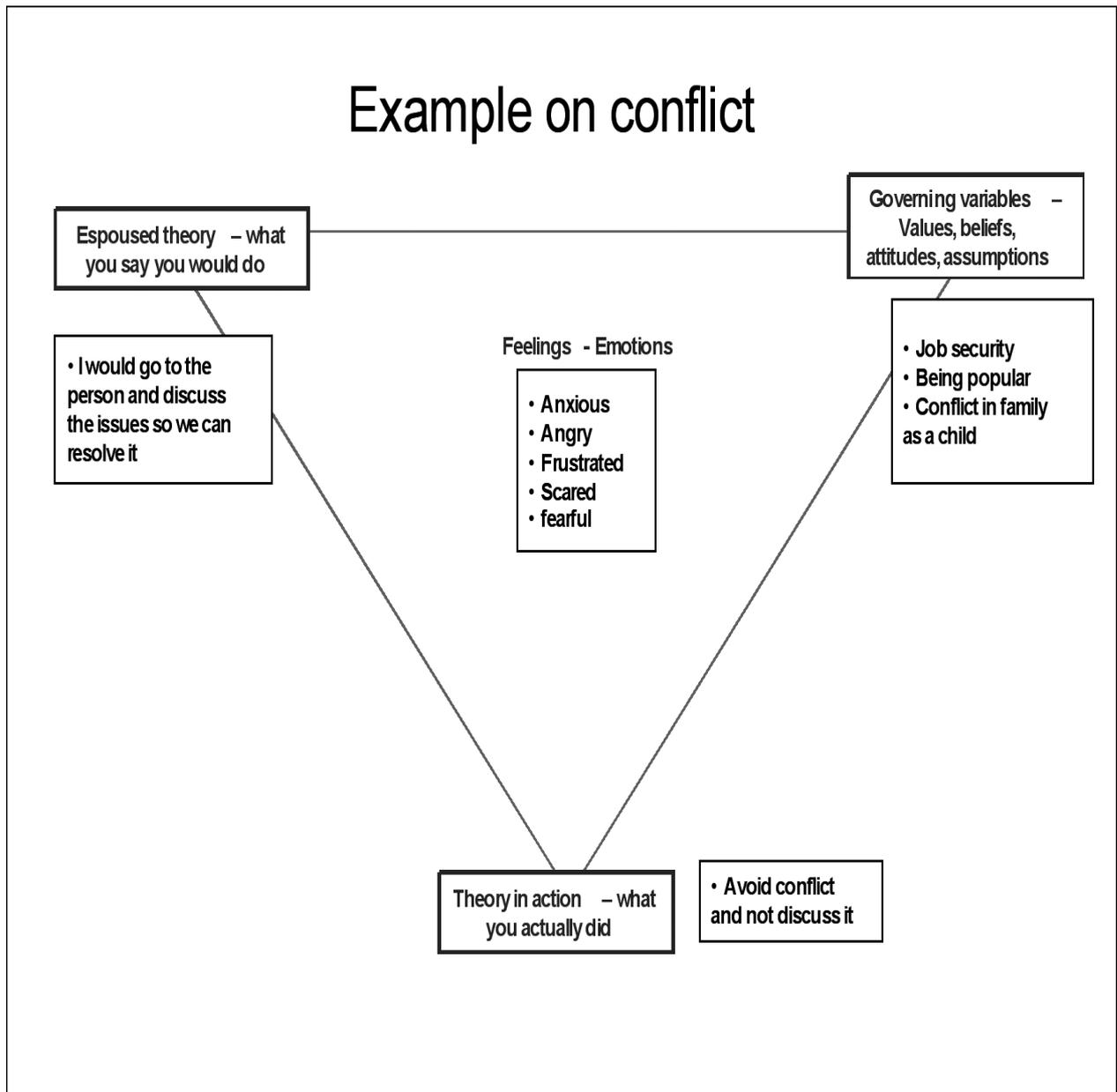
There are a number of ways you can engage in reflective practice. One way is journal writing, where you record your thoughts about your work and explore your perceptions and feelings about ideas or events that you have experienced. Another is reflective writing, like journaling but focuses on a given interaction, your knowledge, values, ideas, and feelings within this interaction and yours (and others) interpretations of these. Reflective practice can also be done in groups with an experienced facilitator assisting the process.

The four key stages in a reflective process:

1. The person has an awareness of uncomfortable feelings or thoughts
2. They engage in critical analysis of these feelings and thoughts
3. There is a realisation of an incongruity between what they say they would do (espoused theory) and what they actually do (theory in use or theory in action)
4. There is an uncovering of new perspectives (Atkins & Murphy 1998)

The following provides a framework to explore reflective practice. A situation that created a level of conflict is used to demonstrate how reflective practice can work with the assistance of another person. The first diagram shows the situation and the second adds a series of questions that the second person might use in order to guide the person reflecting to analyse what happened. The role of the second person is not to provide solutions or recommendations. The person reflecting then records if any insights emerge from the process.

Example on conflict

Espoused theory – what you say you would do

Governing variables – Values, beliefs, attitudes, assumptions

• I would go to the person and discuss the issues so we can resolve it

Feelings - Emotions

• Anxious
• Angry
• Frustrated
• Scared
• fearful

• Job security
• Being popular
• Conflict in family as a child

Theory in action – what you actually did

• Avoid conflict and not discuss it

Example on a work conflict

Espoused theory – what you say you would do

•Address the situation in private and at the appropriate time

Sample questions

• Do you want to describe what happened?

• Are you happy to use the whiteboard?

• What feelings were you feeling at the time?

• You have mentioned a number of governing variables that I would just like to capture ….

• Do we need to add 'xx" to the governing variables?

• Reflect back.. Is the behaviour putting you in a place of fear of losing respect and professional integrity?

• Would 'x' fit in there?

• Is there something from your past that was similar to this?

• Could you put a word to that?

• When this happened what were you feeling?

• I wonder if the slip was back to old habits?

•The other word that keeps cropping up is 'x'?

Feelings - Emotions

• Authority questioned
• not equipped to deal with
• Embarrassed
• Annoyed
• Disappointed in self
• Frustrated
• Anger
• Loss

Governing variables – Values, beliefs, attitudes, assumptions

• Professionalism
• Standards
• Integrity
• Respect
• Authority
• Self worth
• Control

More Sample questions

•You can choose to answer this or not – in situations where you feel 'x' is that how you would react?

• It seems the issue is about the past and the present …and about how …?

• Is there any part of this that …?

• There must have been a huge challenge to leave that environment and come into this one.

• Is that why your level of frustration grew?

• Is there a link or pattern between this and other events?

• Does that resonate with you?

• Can I just pick up with something you just said …?

•Can I just roll this back …?

•How was the process for you?

•Are you feeling OK?

Theory in action – what you actually did

• Communicated in a reactive manner and in a public space

Activity   Reflective practice pairs exercise

In this exercise you are going to recall a recent workplace interaction that didn't go so well.

You can use the sections below or you can draw the triangle on a blank piece of paper and work through this interaction.

- Start with a brief description of the incident
- Outline how you would like to have dealt with it? (Espoused Theory)
- Then approach how you did deal with it? (Theory in Action)
- In the middle write what feelings or emotions were brought up for you in this? [Feelings/Thoughts]
- Think more deeply what values in this were important to you? What does this mean to you?

IMPORTANT: Remember the aim is **NOT** to problem-solve. Having a solution focus is great in other forums. The aim within this process is to help people unearth a new level of consciousness that will ultimately help them manage similar situations in the future. By asking reflective questions we hope to help the person increase their level of insight as to what was happening in them and for them.

Briefly describe the incident

What did you say/expect you would do?

What did you do?

What were your feelings, emotions and thoughts?

What were your values, beliefs, attitudes and assumptions?

Did you gain any insights about yourself or the situation?

References

Atkins, S. and Murphy, K. 1993 Reflection: a review of the literature. *Journal of Advanced Nursing.* 18, 1188-1192.

Schön, D. 1983 *The Reflective Practitioner: How professionals think in action.* London: Temple Smith.

***Evaluation form for Supporting Wellbeing and Physical Health
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*MHCC values your feedback. Please let us know what you think about this book.
Your comments can be anonymous.*

Name:_____

Tel:_____ Email: _____

Please circle your responses to the following.

1. This **Resource Book Addendum** is:

    useful   acceptable   not useful

2. This **Resource Book Addendum** is:

    easy to use   acceptable   not easy to use

3. This **Resource Book Addendum** is:

    comprehensive   acceptable   inadequate

4. This **Resource Book Addendum** is:

    interesting   acceptable   dull

What I like about this **Resource Book Addendum** is: _____
_____
_____

In my opinion what needs to be improved about this **Resource Book Addendum** is:
_____
_____

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