

Working together with families and carers

Chief Psychiatrist's guideline

Acknowledgements

This guideline draws on:

- the *National standard for mental health services*, published by the Australian Government in 2010
- *Working with nominated persons, families and carers under the Mental Health Act 2014: practice guide*, published by the Victorian Government in 2014
- *A practical guide for working with carers of people with a mental illness*, published by Mind Australia and Helping Minds in 2016.

We wish to thank the range of stakeholders who were involved in developing this guideline.

Disclaimer

This guideline is not intended to represent a comprehensive analysis of the law and should not replace the exercise of professional judgement on a case-by-case basis. Nothing in this guideline should replace the seeking of appropriate legal advice by services where this is considered appropriate.

Guideline update

This guideline will be reviewed in three years.

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Key messages

- Families and carers should be recognised, respected and supported as partners in providing support and care to consumers.
- Families and carers should be identified and engaged as soon as possible in assessment, treatment, care and recovery.
- Services must have clear processes and practices that support open communication with consumers, families and carers regarding information sharing, privacy and confidentiality.
- Services are required to have regard for the impact of mental illness on family members and to assist families and carers to identify their needs, including in relation to the caring role.
- Families and carers should be engaged in organisational practice and governance.

Definitions

Advance statement: An advance statement is a document that sets out a person's preferences in relation to treatment if they require compulsory treatment under the *Mental Health Act 2014*.

Carer: A carer is someone who is actively supporting, assisting or providing unpaid care to a consumer. A carer may or may not live with the consumer. A carer may be a family member, friend or other person, including someone under the age of 18 years, who has a significant role in the life of the consumer.

Care relationship: A person is in a care relationship if he or she provides care to another person, or receives care from another person, because a person in that relationship has a disability; or is older; or has a mental illness; or has an ongoing medical condition (*Carers Recognition Act 2012*). Care relationships include a range of pre-existing relationships and people in them may not identify as a 'carer'. A care relationship is not just about what one person does for another person, and can be reciprocal.

Consumer: A person experiencing mental illness who has received, is receiving, or is seeking, treatment and support from mental health services.

Family: Family includes the consumer and those with a significant personal relationship with the consumer. This includes biological relatives and non-biological relatives, intimate partners, ex-partners, people in co-habitation, friends, those with kinship responsibilities, and others who play a significant role in the consumer's life. Some family members may identify themselves as a 'carer' in a consumer's life, others will identify more so with the characteristic of their relationship (for example, parent, child, partner, sibling).

Family-inclusive practice: A range of actions and activities that directly involve members of the consumer's family and social network in their treatment support.

Patient: A compulsory patient, a security patient or a forensic patient under the Mental Health Act.

Terminology

As defined, a carer may be a family member, friend or other person who has a significant role in the life of the consumer. In the interests of brevity, the terms 'family' and 'carers' are used throughout this guideline.

References to children in this guideline include children up to the age of 18 years as carers, as dependents of consumers and carers and as consumers/patients of mental health services.

Purpose and scope

This guideline provides specialist advice about involving family and carers in the treatment and care of individual consumers. Individual consumers include children and young people, adults and ageing consumers.

Families and carers often feel they are not acknowledged, and care relationships are not consistently recognised in Victoria's mental health services. Families and carers also report they do not always have access to information, support and skills to maintain their caring role or to support their own wellbeing. This guideline has been developed to address these concerns and provide clarity to clinicians and non-clinical staff in Victoria's mental health services on how to recognise, respect and respond to families and carers as partners in recovery and care. It includes guidance in relation to confidentiality and information sharing.

While the focus of the guidelines is on service delivery, the importance of family and carer participation in service design, development, delivery, evaluation and organisational governance is also recognised and encouraged.

Victoria's *Mental Health Act 2014* includes specific provisions relating to carers. This guideline offers assistance to clinicians to understand and meet those obligations under the Act. This guideline is not intended to provide explicit guidance to mental health services on communicating with, and notifying, nominated persons, as this is covered elsewhere. However, nominated persons are often family members and carers, and the same principles in this guideline apply.

This guideline has been developed with input from consumers, carers and clinicians across the developmental life course. The principles of identifying, including and supporting families and carers are particularly relevant to clinicians working with children and adolescents, as well as those working with adults and ageing consumers.

This guideline is specific to Victoria's publicly funded clinical mental health services. Mental health community support services (MHCSS) and private mental health services are responsible for developing their own guidelines (that, if considered appropriate, might be consistent with the ones described here). Victoria's public mental health services are expected to review their own procedures and clinical practices that address issues raised in these guidelines and reflect the policy requirements.

The self-assessment tool provided at the back of this guideline will assist services to comply with these guidelines.

Introduction

The role of Victoria's Chief Psychiatrist is to provide clinical leadership and expert advice to mental health service providers in Victoria. Central to the role of the Chief Psychiatrist is to promote continuous quality improvement and the rights of people receiving mental health services. The Chief Psychiatrist issues clinical guidelines to provide specialist advice on various aspects of clinical service and to inform mental health service providers about the operation and clinical issues in relation to Victoria's *Mental Health Act 2014*.

The principles of the Mental Health Act outline a vision for services that protect human rights and promote hope, recovery, capacity and autonomy. These principles recognise the importance of the wellbeing of carers and children, promoting and encouraging communication between health practitioners, consumers, their families and carers. While paying regard to consumers' preferences, families and carers must be meaningfully included in consumers' treatment and care.

Families and carers play a major and ongoing role in providing support and care to people with mental illness. An estimated 60,000 Victorians care for an adult with mental illness, and approximately 9,000 are young people under the age of 25.¹ Working constructively with families and carers is integral to providing high-quality specialist mental health care.

Clinical best practice requires identification, recognition, and involvement of families and carers, including children, across the service continuum. Clinicians need to actively engage with families and carers as an essential part of mental health service delivery and acknowledge that some consumers may not want their families involved and that some families may not want to be involved.

Partnerships between consumers, clinicians and carers should be based on mutual respect and recognition of the specific knowledge, expertise and experience that each brings. Identifying and responding to the individual needs of families, carers and children will lead to improved social, emotional and physical wellbeing and enhance their ability to provide ongoing support and care.

In line with contemporary standards for mental health, family and carer participation in service planning and delivery at all levels of Victoria's publicly funded mental health services is critical for building strong, sustainable and responsive services for the future.

Working with families and carers

We want to ensure that Victoria's public mental health services make a positive difference in people's lives by providing person-centred, recovery-oriented and family-inclusive care.

Working collaboratively with families and carers is an important part of person-centred care, especially where children are involved. It is not an 'add-on' or exclusively specialist activity, but rather the responsibility of all clinicians to ensure that families and carers are acknowledged, respected and supported.

The individual consumer remains the focus of care; however, mental health services have an important role in supporting families and carers to optimise the care and support they provide as well as to address their own needs beyond their caring role. Carers may also be consumers and have their own unique needs and circumstances that should be recognised and addressed.

While families and carers have diverse and changing needs, most families and carers benefit from identification, acknowledgement, the sharing of information about the consumer's illness, emotional support and practical advice in relation to supporting someone who is experiencing mental health difficulties.

This guideline provides a policy framework and guidance to mental health services in Victoria for developing local policies and procedures to:

- recognise the role of families, carers and other support people as partners in the care and support of consumers
- positively identify and engage family members and carers in a consumer's assessment, treatment and care
- better understand and work with privacy, confidentiality and information sharing, including revisiting consent to sharing information if this is initially refused
- ensure the needs and wellbeing of family members and carers are acknowledged and addressed in ways that promote better outcomes, including the use of evidence-based practice models to support the consumer's recovery journey and improve carer health and wellbeing
- ensure clinicians and other staff understand their obligations relating to carers under the Mental Health Act
- ensure clinicians and other staff understand their obligations relating to carers under Victoria's *Carers Recognition Act 2012* and the Commonwealth *Carer Recognition Act 2010*
- recognise and respond in culturally safe and appropriate ways to the diversity of families and care relationships
- better identify and assess the needs of dependent children as an important component of the consumer's care and recovery plan.

Victorian government policy context

The Victorian Government recognises the key role that family members and carers have in supporting someone experiencing mental illness towards recovery. *Victoria's 10-year mental health plan* outlines the government's commitment to improving the wellbeing of Victorians with mental illness, their families and carers. Further to this, *Recognising and supporting Victoria's carers: Victorian carer strategy 2018–22*, sets the direction and provides a framework for government to better support carers.

Victoria's Carers Recognition Act was introduced to raise the profile of people in care relationships and to ensure that carers are appropriately involved in the treatment of and planning for the people for whom they support. It acknowledges carers for their contribution and recognises the unique knowledge they hold of the person with whom they are in a care relationship. It includes the principle that, where appropriate, carers should be included in the assessment, planning, delivery and review of services that affect them and the care relationship. The Act also emphasises the importance of respecting and recognising carers as individuals with their own needs outside of their caring responsibilities.

The Mental Health Act recognises the role played by carers in mental health. It includes principles that carers for people who receive mental health services should be involved in decisions about assessment, treatment and recovery, whenever this is possible, and that carers (including children) should have their role recognised, respected and supported.

All Victorian publicly funded mental health services are required to meet the *National standards for mental health services*.² Standard 7 sets out clear expectations about identifying carers when engaging with the consumer and about engaging with those carers throughout the interaction with the consumer (as appropriate).

Recovery-oriented practice

The *National standards for mental health services* require that clinical policies and practices align with the principles of recovery-oriented mental health practice. The principles acknowledge that each individual is an expert on their own life and that recovery involves working in partnership with individuals and their carers to provide support in a way that makes sense to them. The role of families and carers is also highlighted in the Victorian *Framework for recovery-oriented practice*.³

This standard of practice:

- values the importance of sharing relevant information and the need to communicate clearly to enable effective engagement
- involves working in positive and realistic ways with individuals and their carers to help them realise their own hopes, goals and aspirations.

It provides the means for people to maintain and grow important connections, to exercise autonomy and to attend to matters that they deem to be important.

Section 1: Identify and involve families and carers in assessment, treatment, care and recovery

Supporting people to build and maintain a sense of personal identity and to define what a satisfying life means to them, regardless of whether they experience ongoing symptoms of mental illness, is central to recovery-oriented practice. Families and carers can play a significant role in supporting a consumer's recovery. There is an established evidence base that points to the considerable benefits of family involvement for the consumer and their family members in moving beyond mental illness.

Family members and carers often have a long-term perspective on the consumer's illness, stressors or patterns of relapse, developmental history and recovery goals, which can further inform collaborative decisions about treatment planning and care, including early intervention to prevent relapse. Family members and carers will also be aware of the consumer's strengths, resourcefulness and abilities. Effective communication with family members and carers is an important part of working collaboratively to support a consumer's individual recovery.

It is expected that mental health services involve family members and carers in key decisions about assessment, treatment and care and in supporting a consumer's recovery wherever possible and appropriate. Family and carer-inclusive practice includes collaboration between clinicians, consumers, family members and carers. This involves clinicians supporting a productive three-way relationship between clinicians, consumers and family members and carers.

Responsibilities of mental health services

Mental health services have a responsibility to:

- identify family members and carers (including children and young carers) at first contact with the service
- collect, review and maintain family members' and carers' contact information
- provide families and carers with information and support at first contact with the service
- involve families and carers as partners in recovery, treatment, care and planning
- involve families and carers in discharge planning.

1.1. Identifying family members and carers at first contact with the service

At first contact, or soon after, ask the consumer who the important people are in their life, and the nature of their involvement and relationship. Sensitive enquiry includes questions about how the consumer experiences their relationship, including strengths, protective factors and any problems, concerns, conflict or other issues such as trauma, abuse or family violence (for further information refer to the Chief Psychiatrist's family violence guideline and resource kit).⁴

Discuss with the consumer how and to what extent they want family members, carers and other support people involved in their care. Explore who they live with or who provides emotional and practical support. Explain the benefits of family involvement in care. If the consumer is a parent, careful and sensitive enquiry about their parenting role and the wellbeing and care of children is especially important and should be regularly reviewed during the consumer's care. If the consumer is too unwell or distressed to provide this information, revisit this issue again as soon as is practicable or enquire with other involved family members or support people. This may involve collecting collateral information about the needs and welfare of children and other dependents, including identifying risks.⁵

- Use a genogram or other tools as part of routine intake assessment to allow for a deeper understanding of the significant familial and current relationships consumers have and as a way of discussing and identifying other potential supports.
- Be aware of diversity including people's culture, ethnicity, gender/gender identity and sexual orientation. Be aware of the ways care relationships can be defined, visible or recognised by families in different contexts. Ensure it is clear when you refer to 'family' that this includes 'family of choice'.
- Be aware that children and young people may take on key support responsibilities, and be knowledgeable about the treatment and history of a consumer's illness. Be equipped to have conversations with children and young people who have caring roles.
- If there are doubts or conflicts in identifying relevant supports, seek the advice of a senior clinician.

Working with families where a parent has a mental illness

It is recommended that services develop the following capacity, policies and practices in working with families where a parent may have a mental illness:

- Better identify the parenting status of consumers (including perinatal needs).
- Better identify dependent children and their needs.
- Build the capacity of clinicians to consider the needs of consumers who may be a parent or an expectant parent, and the needs of their children.
- Educate clinicians about their responsibilities to appropriately share information about risk or harm to dependent children.
- Establish and build referral pathways and networks with allied support systems that are essential to the safety and wellbeing of dependent children.
- Provide information that can respond appropriately to the developmental needs of dependent children.
- Advocate for suitable programs, spaces and supports for children, young people and families.
- Measure practice and service outcomes as they relate to consumers who are parents and their dependent children

1.2. Collecting and maintaining family member and carer contact information

Mental health services must collect and maintain up-to-date contact information for family members and carers (including those under 18 years of age) who are identified as having a role in providing support and care to a consumer. Services are required to explain how this information will be used with family members and carers, including when they may be contacted, by whom and for what purpose. This should be documented in the consumer's clinical record.

- Explain to carers how this information may be used at different stages during assessment, treatment and recovery of the consumer.
- Record this information, including preferred method of contact, on the consumer's clinical record and in other mental health service record systems.
- Regularly review the information to ensure it is up to date and relevant. It is recommended that this is undertaken at each point of clinical review.
- Include a review as part of clinical audit practices of documentation.

1.3. Providing families and carers with information and support as early as possible

At first contact, or soon after, provide information about the service, including visiting hours (or appointment processes for community settings), staff involved, key contact numbers, information about mental illness, treatment options, consumer and carer rights and responsibilities and information on carer supports. Ensure this information is culturally sensitive and age appropriate for any children and young people in the consumer's family.

Recognise and acknowledge that family members and carers may have attempted to seek help for the consumer or themselves over a long period of time, or may be very distressed and worried when presenting at a hospital or engaging with community clinical mental health services.

Be sensitive to the different information needs of families and carers, recognising that some people may want a lot of written information, while others may not.

General information about services, mental health and other support services can be provided to families and carers regardless of consumer consent. This may include information about how families and carers can provide feedback or seek assistance from the service if they feel they are not receiving information they need to provide support and care to the consumer.

1.4. Involving families and carers as partners in treatment, care planning and supporting consumers in their recovery

Recognise that families and carers can play an important role in supporting recovery because they have valuable knowledge and insights about the consumer and resources to assist in their recovery.

- Seek, clarify and utilise feedback from consumers, families and carers about their experiences in providing care and support.
- Invite family members and carers to attend case management meetings, family meetings, care planning and other discussions and to participate in ongoing family-based interventions as appropriate and as agreed with the consumer.
- Ensure the sustainability of the care relationship is discussed and care planning appropriately considers the capabilities and limitations carers and consumers express.
- Actively collaborate with families and carers, including involving them in developing and implementing treatment, care and support (for example, identifying stressors, how to avoid triggers, what works well and what we can do as a treating team to support autonomy) and discharge plans.
- Advise consumers, families and carers of the service journey including significant service milestones and transitions.
- Recognise the significant role parenting can play in a person's recovery and the importance of support for all family members, especially children, in promoting recovery.
- Refer carers to organisations that can support them to advocate for the consumer when this is needed.

1.5. Involving families and carers in discharge planning

Families and carers need to be involved in discharge discussions and processes, particularly because they are often involved in supporting the consumer in the community. It is important for services to discuss with families and carers their willingness and capacity to undertake or resume a care role and the level and types of support they will need. This guideline recognises that there are different processes involved in discharge planning from an inpatient unit following a short episode of care compared with discharge from a community-based residential mental health service or discharge from an episode of care to primary health care.

- Do not assume a family member or carer has the capacity or is willing to resume a care role in the same way as before the consumer's service contact.
- Ensure discussion includes attention to the support needs and care for parents with dependent children and the particular services and supports for children of different ages.
- Discuss with the consumer, their family member or carer about how to communicate if the consumer's connection with the service is lost. Have agreed permissions, contacts, consent and information (who, how and when to ask for help) in place in the event of a crisis, relapse or disengagement.

- Ask family members and carers what the best way is to advise them of the discharge plans; for example, use SMS, call or email if requested. Note that some family members and carers cannot attend during business hours.
- Make sure family members' and carers' contact details are included in any transfer and referral process.
- Provide family members and carers with important information and contact details for advice on what to do in the event that the consumer's support needs increase.

For further guidance on discharge planning, refer to the Office of the Chief Psychiatrist's *Discharge planning guidelines* <<https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines>>.

'Information exchange can be vital in improving outcomes for consumers. As a service we have found knowing more about a consumer's needs, triggers and preferences (from them or from their carer or nominated person) can really support recovery. For example, knowing that waiting can cause agitation, or feeling ignored can be a risk, can reduce distress and, in the long run, restrictive interventions.

Two things that our new staff have said is useful in supporting staff is knowing how to collect and record information in a way that is respectful, safe and objective between parties (for example, David's mother expressed concern that he be supported when his changes in mood upset him). The other area has been ensuring staff understand the Act and its requirements, helping them with language and ways to explain to families what different terminology means such as voluntary, authorised, compulsory and nominated persons. We use words every day that mean nothing to people outside of the system.'

Service provider

Planning for Tim's discharge – a good practice example

When Tim was first admitted, Tim and his family were included in discussions to inform and plan the goals and planned duration of stay. They were able to support key decisions that would facilitate discharge and were guided through the steps of how discharge would be planned and occur. This provided them with the opportunity to identify Tim's preferences, requirements and needs such as transport support, child care routines, availability of family support and other pressures and concerns.

Tim's family were invited to attend a meeting prior to his discharge from the inpatient unit. As well as being provided with practical advice about Tim's medication and potential difficulties that might arise, Tim and his family were given an opportunity to express their concerns and questions. Tim's new key clinician from the community team also attended the meeting. This provided an opportunity for Tim and his family to meet the new clinician and to schedule a first appointment.

Section 2: Openly communicate with consumers, families and carers about privacy, confidentiality and information sharing

Sharing information is important to support open, collaborative relationships between clinicians, consumers, families and carers. A challenge for clinicians can be meeting the privacy preferences of consumers and the need to keep family members and carers informed and involved in supporting the consumer's recovery. The Mental Health Act recognises that carers need information to assist them in their caring role and authorises clinicians to provide this information in specified circumstances. Openly communicating with consumers, families and carers about privacy, confidentiality and information sharing is fundamental, particularly because this is an area where misunderstandings and difficulties can arise.

Consumers have the right to privacy and should have the opportunity to decide what information can be shared with their families and carers. Families and carers need information to assist them to provide sufficient support to the consumer. This might include information about treatment options, medication, understanding and responding in the event of a relapse or crisis, as well as practical information that helps successful service transitions or to maintain care at home or in the community. Clinicians will need information from consumers, as well as carers and family members, to provide treatment and care to the consumer.

In certain circumstances, such as where family violence or family trauma is disclosed, it may not be appropriate to share information with some family members. Allow for respectful communication with the consumer about their communication preferences. For further guidance refer to 'Documenting and sharing information' in the Chief Psychiatrist's family violence guideline and resource kit.⁶

The Mental Health Act also includes specific obligations for clinicians to consult with and inform carers where actions will directly affect the carer and the care relationship. These obligations apply when a consumer is subject to compulsory treatment under the Act. These obligations are set out in the **Appendix**.

Families and carers should be provided with general information on available supports and information about the service. They also should have their concerns heard in a respectful and supportive way and have their welfare and wellbeing considered. Providing general information and hearing from a carer or family does not breach privacy or confidentiality.

Procedures for open communication

Mental health services have a responsibility to have policy and procedures in place to guide open communication including to:

- seek informed consent from consumers to share information with family members and carers and vice versa
- manage situations where a consumer does not consent to sharing information or wants to place limits on the information to be shared
- transfer information, including relevant carer contact details, across services
- regularly review decision to share information with consumers, family members and carers
- ensure clinicians and staff are supported to understand confidentiality, privacy and information sharing.

A note on privacy, confidentiality and information sharing

Privacy and confidentiality, although they are often used interchangeably, have different meanings.

Privacy relates to an individual. For example, people may not want to be seen entering a place that they feel might stigmatise them, such as a mental health service that is clearly identified by signs on the front of the building. Privacy concerns people. Examples of privacy-related situations include the following: the curtains are closed during physical examinations; conversations about examination results or medication are discussed in a private area, which may include asking an accompanying family member to leave the room temporarily.

Confidentiality relates to information or data about an individual – for example, a psychologist’s agreement with clients about how information obtained during sessions will be handled, managed and shared.

Information sharing relates to sharing personal and health information about an individual. For example, information may be shared between service providers, individuals and families for the purpose of providing health care. Sometimes information sharing is called disclosure. Disclosure is showing, sending, sharing or giving personal information to another organisation, agency or person.

2.1. Seeking informed consent from the consumer regarding information sharing

It is best to negotiate what information the consumer is comfortable to share with their family and carers and acknowledge this will vary from person to person and circumstances over time. A consumer may identify certain personal or health information that they do not wish to disclose but allow other information to be shared. It is important to discuss the benefits of sharing information with carers and explore options to ensure carers have the information they need while respecting the consumer’s preferences. Where possible it is best practice for this to be a joint conversation involving the consumer, carer and clinician. This should be clearly recorded on the consumer’s clinical record and recovery plan. Regularly review with a consumer what information they are willing to share and with whom, as this may change through the course of treatment and recovery.

Advance statements and other tools⁷ can set out a consumer’s preferences regarding the sharing of information in the event that they become a patient under the Mental Health Act. Clinicians should encourage consumers to make an advance statement to ensure their preferences can be taken into account.

Regularly review information sharing and how it may support recovery. Seek advice and further assistance from senior clinicians where there are complexities or differences in identifying supports.

Sharing information with consent

If a consumer gives informed consent, information that will support recovery can be shared with their family and carers. This might include information about:

- the diagnosis or symptoms (including an explanation of medical language)
- the treatment approach and recovery plan
- dosage and possible side effects of prescribed medication
- progress
- risks and safety planning
- individualised early warning signs and relapse prevention plan
- contact details of other external community-based agencies to support both the consumer and families and carers.

This needs to be discussed regularly with the consumer. It is preferable that information sharing occurs in partnership with the treating team, the consumer and their family members and carers to strengthen and support a shared understanding of recovery.

2.2 Managing situations where a consumer does not consent to sharing information or wants to limit information to be shared with family members and carers

There will be circumstances where a consumer does not agree to share information with family members and carers, and it is important that you explore the reasons why with the consumer.

Some key conversation points include:

- Explore who the consumer identifies as their primary support.
- Find out if there are particular tensions between the consumer and family relationships that disrupt communication such as a dispute over custody of children or other legal matters.
- Discuss the importance of family members and carers receiving useful and relevant information that will improve their understanding of the consumer's needs and how best they can provide ongoing support for recovery. Explore what might be considered 'relevant'.
- Ask the consumer about who will be supporting them during their hospitalisation or community-based period of care and who will support them after discharge.
- Show interest if you observe a notable change in the status or attitudes regarding known long-term family and carer relationships.
- Ask about family members if you notice there is high contact between the consumer with their family member, carer or another person (for example, phone calls, visits, bringing clothes, driving to appointments).
- Let the consumer know that the issue will be reviewed and revisited over time.

Sharing information when a consumer is a compulsory patient

In the event that a consumer requires compulsory treatment, there are provisions in the Act that seek to ensure carers will receive information. This includes the information they need to provide care, or to determine the nature and scope of the care to be provided to a patient, and to make necessary arrangements to provide care. Decisions about information sharing are not always clear cut, and clinicians are required to make professional judgements regarding risk and individual needs. The following should be considered when making a decision:

- What are the patient's views and preferences about the disclosure, including any preferences expressed in an advance statement?
- What are the needs of the carer to have information?
- What are the risks of disclosure or non-disclosure?
- Consult with colleagues and or clinical leads to inform decisions – if necessary, bring it to the attention of the consultant psychiatrist for review.
- Have appropriate information about the consumer and the context of care.
- Consider specific requirements for minors aged under 18 and their developmental needs.
- Document decisions regarding disclosure or non-disclosure.
- By whom and how will information be disclosed, and when?

2.3. Transferring information across services

When a consumer's treatment and care is transferred to another service it is important that the information passed on includes information about family members and carers, their role in the consumer's support and care and the extent of information sharing that has been agreed.

Make sure that up-to-date contact details for family members/carers are included in the transfer of information to another service and that these details are easily found in files. This should include up-to-date ages, gender and care details of dependent children and any support or wellbeing needs identified.

New service intake is an opportunity to review, check and update details.

2.4. Regularly review information sharing with consumers, family members and carers

As people's relationships and circumstances change over time, it is important that agreed information-sharing arrangements are regularly reviewed and kept up to date and relevant on the consumer's file. Undertake regular reviews of agreed information-sharing arrangements with consumers and their family members/carers. It is recommended that this is undertaken as part of the clinical review cycle.

Continue to support families and carers with general information or access to support for their own needs. Be clear with carers and families about the consumer's wishes and explain what is possible. Reassure carers and families that clinicians will continue to revisit the issue of consent over time.

2.5. Ensure clinicians and staff are supported to understand confidentiality, privacy and information sharing

All staff should receive information about confidentiality and information sharing as part of orientation and induction. This should be and reinforced through ongoing supervision, professional development and service policies and procedures. Training for staff can include: how to better elicit information on available supports; how to revisit conversations about information sharing; how to facilitate information sharing between the consumer and their family members; and what kind of prompts may be useful.

Clinicians and staff also need support to understand what, where and how information can be shared, particularly with identified carers and family members.

Exploring options for involving Anna's family – a good practice example

As a young person, Anna lives with and relies heavily on her family for support but is reluctant to involve them in her clinical care. In the past, very personal information obtained by treating clinicians has been shared with her family without her consent. This compounded the sense of vulnerability and powerlessness she experienced when she was unwell.

Anna's newly appointed doctor acknowledged Anna's past experiences and then raised the question of whether her parents or other family members could be included in a more constructive way. Over a couple of appointments, Anna's doctor explored a range of options with Anna about how her family could be involved in her care. This included (a) not sharing information at all with her family, (b) the doctor ringing a family member identified by Anna with a clear understanding of the information that would be shared, (c) meeting with her family together with Anna where she was supported by her doctor to explain her condition and treatment to the family, or (d) the doctor meeting with the family without Anna being present. Having a range of options, allowed Anna to make informed decisions about her information-sharing preferences.

'I just wanted to know if he was safe'

'I knew something was wrong. Then he became very unwell very quickly, and things escalated out of control. I was terrified, by that I mean terrified for him ... Five or six police turned up, there were all these people in our house, it felt chaotic. I remember worrying they didn't know him. Would he come to harm?

'He was taken to hospital and we were at the police station for what seemed like hours. The police required statements – it was plastic chairs and waiting all night. We were desperate to go to the hospital to see if our son was okay.

'When we got there we hadn't slept and were still jangling with shock, as well as feeling torn and guilty. Our son was very angry, and believed we had been monitoring him via the computer and the television. He was also angry because we had called the police and put him in hospital. The nurse that spoke to us was, however, very compassionate. He let us know that our son wished for us not to be given information, but he said he would revisit this and encouraged us that things were safe.

'We went in several times to take clean clothes and toiletries, as well as to take in medications for his asthma. Staff continued to explain things to us and how the hospital worked. After a couple of days he wanted us to come and see him and we were able to start planning his supports for when he came home.'

Supporting Jac's preferences for information sharing

Seventeen-year-old Jacqueline presented at a mental health service not long after being discharged from hospital following a suicide attempt. Jacqueline privately disclosed to her clinician that she had been binding her chest and sometimes felt like she was 'more like a guy'. Jacqueline said she 'might be transgender but wasn't entirely sure' and that whenever she thought about being a guy she just wanted to 'drink, get smashed and forget about everything'. The clinician asked Jacqueline if she had a preferred pronoun. Jacqueline said 'he' was preferred and some of his friends already used it in private.

The clinician said they could use 'he' but also asked Jacqueline how he would like to be referred to around his dad. Jacqueline said 'Jac, because it is more male' and it 'would not arouse suspicion'. Jac said he got on well with his dad at home and they were there for each other after his mum died. He thought his dad should be an emergency contact when he was feeling suicidal but he did not want to tell him about the 'gender stuff'. He said he thought his 'dad suspected something was wrong', which was increasing Jac's anxiety and alcohol use. Jac said his dad often remarked how lucky he was to have an 'only daughter' and was asking Jac why he always 'dressed like a bloke'.

The clinician said it was important for them to all meet and find agreement on how and when his dad would provide support for Jac's mental health so relevant information could be shared with him. However, the clinician also said his dad did not need to know about the gender issues until Jac had explored them and knew what he wanted to do about it.

Later, during a meeting between all three, Jac's dad talked about his concern regarding Jac's drinking and how it made his depression worse. They worked together to create an emergency plan for Jac when he was feeling at risk of going on a binge or self-harming. The plan included things Jac could do independently if he was alone as well as things he could do with his dad. Jac's dad was given information on local carer support services for advice and counselling about how to best support Jac, strategies for self-care and managing his grief about his wife, which surfaced during the discussion.

Jac phoned the clinician the next day, who gave him numbers for specialists to help him navigate his gender identity. The clinician also told Jac that support was available to tell his dad about his gender issues and, if needed, they could arrange another family meeting to discuss the situation together. The clinician also explained there were groups for parents of transgender children who could support his dad, or his father could talk with specialists and receive counselling about it if he was finding it difficult to understand. Jac agreed his dad may be able to support him better if he knew the gender issues were causing so much distress. Jac said he would 'think about it'. He loved his dad and until now he never really hid things from him. Jac said if his dad had 'a professional explaining things it might help him get used to it'.

Section 3: Respond to families and carers' individual needs

Supporting someone experiencing mental illness can be both rewarding and challenging and at times distressing or stressful for families and carers. Providing support and care can be episodic and variable as people's support needs, personal circumstances and relationships change over time. Research indicates that carers are particularly at risk of developing physical and mental health issues as a result of a lack of support for their caring role.⁸ It is important to recognise that families and carers provide support and care in a much broader context of life circumstances, including work, study, health, family and other demands. Some carers may sustain more than one care relationship (for example, a sibling with a mental illness and an elderly parent). Family members and carers often have issues, obligations or strains beyond the caring role, and some of these may affect their ability to support the consumer or to stay well themselves. They might require referrals to appropriate supports beyond the mental health system for assistance with other issues. Family members and carers may themselves also be consumers of mental health services, just as consumers may also be carers.

Some of the more demanding and difficult times for families and carers can include during a first episode, an acute phase of an illness, a relapse, a crisis or discharge from an inpatient unit or when support needs are complex and intense.

Responding to individual families

Mental health services have a responsibility to:

- engage with families and carers regarding their individual circumstances
- identify support needs, provide emotional and practical support wherever possible and make appropriate referrals
- provide relevant information and education that supports families and carers to maintain their caring role.

3.1. Engage with families and carers regarding their individual circumstances

Talk to families and carers about their individual circumstances. Discussions might include:

- whether or not a family member or carer needs to change their work arrangements to provide support for the consumer
- if they have other changing circumstances (for example, health, an ageing parent, housing instability, financial distress)
- whether they have enough information and skills to support the consumer
- who they can contact if they are concerned about the safety and wellbeing of the person they support or themselves.

Discussions may also include exploring concerns about the needs of other family members, including siblings and children, and make appropriate referrals. Check in regularly with family members and carers regarding their circumstances, their wellbeing and their ongoing willingness and capacity to be involved in supporting the consumer.

Where appropriate, work with the consumer and their family members and carers to develop a wellness and relapse prevention plan that can be put into action if the need arises. Ensure that this takes into account the needs of children where the consumer is a parent as well as other dependents such as elderly parents. Recommend that this is reviewed and updated regularly – make adequate time with the consumer and their family or carer to do this.

3.2. Identify support needs and make appropriate referrals

At the service level, it is expected that all staff are aware of referral pathways for carer supports, both within their service or externally. Organisations should have up-to-date resources, documents and policies that are available to staff. Where family members and carers require further practical and emotional support, family members and carers should be referred to relevant support, health or counselling services.

Often families and carers have made multiple efforts to get help for their family member or friend. Providing a warm referral, where you assist in setting up a connection or appointment, can reduce the number of times a family or carer has to tell their story and have a profound impact on their self-care.

Anecdotal feedback highlights that families and carers are less likely to seek or get help for themselves, even when their own health and wellbeing are at risk. Peer support is also useful for carers. Children and young people who have a parent with a mental illness also may benefit from participating in peer support programs and activities. Referrals may include links to individual peer support workers, helplines, carer consultants or group peer supports as appropriate.

Planning supports

Lucia is an ageing carer who is struggling to support her son, John, who has high and complex support needs and has had frequent and lengthy admissions over a long period of time. They maintain a strong bond and John's wishes are to return home.

John's clinical team is concerned that, at 80, Lucia is very frail. Lucia has expressed that culturally she feels it is difficult for her to say she would let someone else care for her son and feels conflicted and worried about the future.

The clinical team has commenced discharge planning early, involving Lucia, and has focused on having a clear and well-planned process that considered options for both John and Lucia. An important part of planning has included the treating team working closely with Lucia to ensure they have a clear understanding of her deep and personal experience of culture. In collaboration with her, they have made referrals for Lucia to access carer peer support including a culturally diverse carers' group because she has expressed feeling isolated from her cultural community due to fear of stigma. In addition, they have explored other planning supports and held planning meetings with a range of stakeholders to develop options with John and Lucia that will meet their changing needs over time.

Supporting families and carers to work through their own responses in forensic settings

'In a forensic setting we are often responding to families and carers who may be quite traumatised by events, circumstances and the processes of the systems encountered. Some of our work may be about re-engaging relationships as well as making specialist referrals to services that can support families and carers to work through their own individual responses including trauma, grief and loss.

Families and carers often require consideration of their own privacy and confidentiality as it may impact on the care relationship. So our clinicians think carefully about how they balance collection of information and documentation with both consumer and carer needs.

We try and deliver a range of supports and approaches that take into account different family members' needs and reactions over time. This requires respect for individual reactions, interpretations and understandings of events; recognising the experience is not homogenous but dynamic and different. It can require time to acquire information, and we may also need to sit with uncomfortable conversations connected with the events that led to the admission. This shapes our engagement. For example, engaging people in individual recovery plans and discharge planning as well as keeping in contact with people who want to be informed but are not yet ready to be involved or re-engage. This may mean we need to keep checking in with different people all the time and being able to flex up and flex down responses and approaches to support both the consumer and their support people.'

3.3. Provide relevant information and education that supports family members and carers to maintain their caring role

Identify what information and education might be relevant and useful based on discussions with families and carers and consumers. Regularly review handouts, brochures and posters that may be stored in waiting areas, including dedicated carer information boards. Consider developing family carer information with input from a diverse range of carers to assist with content development.

Regularly review information for relevance and currency. Provide spaces where this information can be read and discussed with families in private and where there is capacity for children to be safely included if appropriate. Balancing the amount of information and its delivery (verbal or written) is important when people may be distressed following a crisis.

Many carers and families may not be familiar with supporting someone experiencing mental illness and may feel overwhelmed and highly distressed. Ensure you have time to explain what is happening and what to expect in 'jargon-free' ways. Explore what the experience means to the family and carers and encourage them to develop their own supports and coping strategies. Assist them to connect with education sessions, peer groups and websites that may be useful.

A family care plan

Ian's partner Sue is his main support, but she lives in a very small country town more than two hours away from where he is currently hospitalised. This is causing both Ian and Sue distress as they navigate travel, work and school for their children. Sue expresses feeling exhausted and anxious about what will happen when Ian returns home; she is finding it difficult to locate and ring services and is overwhelmed by juggling her work and supporting their children through this difficult time.

The treating team arranges a time to meet with Sue and Ian to go through the discharge plan, and in collaboration make a range of referrals to support Ian when he returns home. They also contact the family worker for advice on what supports are available for Ian, Sue and the children, particularly guidance on having conversations about mental health that are appropriate to their age, and developing a family care plan.

Ian likes having Sue visit him but is also worried about her and wants her to take a break from driving to the hospital on the weekend. Ian and Sue discuss this with the treating team and they all agree to put in place additional supports for Ian, as well as setting clear discharge agreements and communication plans. Finally, they provide a range of links and pamphlets on relevant carer supports and information for their children. The carer consultant makes a follow-up contact to provide advice about telephone helplines for carers as well as online supports.

Section 4: Include families and carers in organisational governance and practice

Actively involving families and carers in service development, planning and evaluation is an important part of organisational governance in Victoria's mental health services.

Carer consultants, peer support workers or mentors who provide support, practical assistance and other guidance or information to people accessing mental health services can help facilitate the inclusion of families and carers in organisational governance and practice.

Carer advisory groups also provide a forum for families and carers linked to a particular mental health service to work in partnership with the mental health service and to contribute to practices and procedures that can improve family experiences and continuity of care.

People may not necessarily identify as a 'carer'. This can affect their participation in organisational governance and service development processes. Regardless of how people identify, the views of people in care relationships are important to capture. Promote opportunities for input and participation and feedback, provide regular updates on service initiatives that could involve consumers and carers as well as information about service performance. Ensure you use language that captures a range of terms people use to describe their care relationships and families and include this in information on eligibility to participate on reference groups or any targeted feedback and evaluation forms.

Young people who have caring responsibilities can provide valuable contributions to service development and planning. Ensure you create opportunities for this group to be involved using age-appropriate language and forums in which they can participate.

Using feedback to improve service delivery

Mental health services have a responsibility to:

- seek and respond to family and carer feedback to inform service improvements
- ensure family and carer participation in service development, delivery, evaluation and organisational governance.

4.1. Seek and respond to family and carer feedback to inform service improvements

Seeking and responding to family and carer feedback is an important part of identifying and informing service improvements.

Ensure service information about rights, responsibilities and mechanisms for feedback are provided to families and carers at first contact and as part of clinical review processes. Ensure this is available in plain English and in relevant community languages. Enhance this with posters and information about rights and responsibilities that are visible and available throughout the service.

Gather and respond to family and carer feedback through surveys (for example, by using the National Mental Health Carer Experience Survey)⁹, quality audits, reviews of complaints, service planning and evaluation activities. Services should have in place quality feedback cycles that demonstrate how feedback is gathered, used and shared with service users, families and carers, demonstrating what the service has done to address the feedback themes.

4.2. Encourage and include family and carer participation in service development and organisational governance

Services are expected to have in place formal structures for family and carer participation, and these should be documented in organisational policies and procedures and monitored through governance processes.

Contemporary approaches to ensuring representation within Victorian mental health quality frameworks include:

- appointing family and carer representatives to governance committees to inform and help shape program development, service delivery and quality improvements
- having a resourced and supported family and carer workforce who are provided with induction, training and mentoring in representative participation, effective meeting participation, complaints and quality processes and debriefing
- including family and carer input into staff in-service training, from planning and delivery through to evaluation
- including young carers in all of the above and providing support in these roles.

Service self-assessment tool

Indicators of compliance with this guideline will assist services with the ongoing implementation and adherence to expected practice principles in working with families and carers.

Indicator: Identification of families, carers, children and other supports

The proportion of selected clinical records that include:

- accurate and up-to-date recording of carers, family members and children
- accurate and up-to-date completion of genograms
- information about children and dependents including their age, specific support requirements, risks, care arrangements and needs
- evidence of discussions about the role of support people, privacy and confidentiality in the authorised psychiatrist's initial clinical assessment
- evidence of subsequent discussion(s) between clinicians and the consumer regarding the role of identified supports, information sharing and any privacy or confidentiality concerns
- evidence as part of leave, discharge and service transitions, that information sharing about the consumer's mental state and level of risk has been considered and actioned
- evidence that identified family, carers and children were included as part of the service transfer and discharge documentation
- evidence of legal compliance with the Mental Health Act regarding notifications for compulsory patients (see the Appendix).

Indicator: Provision of information

The proportion of selected clinical records that include:

- evidence that information about the service, including rights and responsibilities, has been provided as part of service entry
- evidence that service information is available in public areas, including how to access supports and how to make a complaint
- information is available in formats that respond to the diverse profile of families and carers including young carers, children, culturally diverse, Aboriginal and Torres Strait Islander and sexually- and gender-diverse communities.

Indicator: Staff training and skills in supporting families, carers and children

Evidence of:

- staff position descriptions that include performance indicators for family-inclusive practice including the identification, inclusion and support of families, carers and children
- designated positions in place for carer support and improving family-inclusive practice
- staff access to training at induction, orientation and as part of their professional development in working with families, carers and children
- staff training in information sharing, privacy and confidentiality and the role of carers and nominated persons as they relate to the Act.

Indicator: **Carer support**

Evidence of:

- service policies and procedures that provide clear guidance to staff in supporting families, carers and children as part of routine practice, including staff awareness of available carer supports
- designated carer supports in place at the service
- pathways to support for families, carers and children internally and externally that are documented and available on entry to service
- referral and support protocols in patient records including information on referrals made, follow up and responsibilities. This includes the documentation of support agencies that may be involved in monitoring and providing support to children.

Indicator: **Organisational governance and planning**

Evidence of:

- documented policies and procedures in relation to the inclusion of families, carers and children in routine clinical practice
- documented policies, protocols and procedures for the inclusion of families and carers in organisational governance and decision making frameworks and structures
- carer participation in organisational governance committees, groups and feedback structures
- mechanisms available for the routine collection of feedback from families and carers.

Appendix: Obligations for clinicians to inform carers where actions affect the care relationship

The obligation to seek the views of a carer or to inform them about treatment decisions or orders applies where the authorised psychiatrist is satisfied that these actions will directly affect the carer and the care relationship. These obligations apply when a consumer is subject to compulsory treatment under Victoria's *Mental Health Act 2014*.

Requirements for compulsory orders

Assessment orders (AOs)

Section of Act	Point in care	Require action of authorised psychiatrist	Required documentation
s.32 Making AOs s.35 Variation of AOs s. 37 Revocation or expiry of AOs	Making, varying, revoking or expiration of an AO	As soon as practicable after being notified that the AO is made or varied, or an AO is revoked or expired, the authorised psychiatrist must ensure that reasonable steps are taken to inform the carer	Give carer a copy of the order (or varied order) and the relevant statement of rights

Temporary treatment orders (TTOs) and treatment orders (TOs)

Section of Act	Point in care	Require action of authorised psychiatrist	Required documentation
s. 46 Authorised psychiatrist making a TTO s. 48 Community or inpatient TTO	Making of a TTO and determining whether the TTO is a community temporary treatment order or an inpatient temporary treatment order	In determining whether the treatment criteria apply to the person, the authorised psychiatrist must, to the extent that is reasonable in the circumstances, have regard to the views of the carer	
s. 50 Information and other requirements in relation to TTOs s. 59 Requirements in relation to varied TTOs and TOs s. 63 Notification requirements for expired or revoked TTO and TOs	Information and other requirements in relation to TTOs and variation, revocation and expiry of TTOs and TOs	As soon as practicable after a TTO is made, varied, revoked or expired, the authorised psychiatrist must— (a) notify the Tribunal; and (b) ensure that reasonable steps are taken— (i) to inform the carer	Give carer a copy of the order and the relevant statement of rights

Requirements for protection of rights, leave and treatment

Protection of rights

Section of Act	Point in care	Require action of authorised psychiatrist
s. 17 Persons to be notified	Restriction of patient's right to communicate	Must ensure that reasonable steps are taken to inform the patient and the carer about the restriction and the reason for it

Leave of absence

Section of Act	Point in care	Require action of authorised psychiatrist
s. 64 Leave of absence with approval	Grant or vary leave of absence	In determining whether to grant a leave of absence to a person, to grant a leave of absence subject to conditions or to vary its conditions or duration under this section, the authorised psychiatrist must, to the extent that is reasonable in the circumstances, have regard to the views of the carer
s. 64 Leave of absence with approval	Grant, vary or revoke leave of absence	As soon as practicable after the authorised psychiatrist grants a leave of absence or varies or revokes a leave of absence, the authorised psychiatrist must ensure that reasonable steps are taken to notify the carer
s. 65 Another designated mental health service to provide assessment or treatment—variation by authorised psychiatrist or as directed by chief psychiatrist	Transfer patient to another designated mental health service	In determining whether to vary an order under this section, the authorised psychiatrist must, to the extent that is reasonable in the circumstances, have regard to the views of the carer
s. 65 Another designated mental health service to provide assessment or treatment—variation by authorised psychiatrist or as directed by the Chief Psychiatrist	Transfer patient to another designated mental health service	As soon as practicable after the authorised psychiatrist varies an order under this section, the authorised psychiatrist must ensure that reasonable steps are taken to notify the carer

Treatment and medical treatment

Section of Act	Point in care	Require action of authorised psychiatrist
s. 71 When a patient does not give consent to treatment	When a patient does not have capacity to give informed consent to treatment or does not give informed consent	In determining whether there is no less restrictive way for the patient to be treated, the authorised psychiatrist must, to the extent that is reasonable in the circumstances, have regard to the views of the carer
s. 76 Matters the authorised psychiatrist must take into account if consenting to medical treatment for a patient	When a patient does not have capacity to give informed consent to medical treatment	In determining whether a medical treatment would benefit a patient, the authorised psychiatrist must, to the extent that is reasonable in the circumstances, have regard to the views of the carer
s. 82 Powers of psychiatrist giving a second psychiatric opinion	Second psychiatric opinions	A psychiatrist giving a second psychiatric opinion must, to the extent that is reasonable in the circumstances, have regard to the views of a carer of the entitled patient, if the psychiatrist is satisfied that the recommended changes will directly affect the carer and the care relationship
s. 84 Second psychiatric opinion report	Second psychiatric opinions	A psychiatrist who gives a second psychiatric opinion must prepare a written report in relation to an entitled patient, and ensure that reasonable steps are taken to give a copy of the report to the entitled patient's carer, if the psychiatrist is satisfied that the second opinion will directly affect the carer and the care relationship
s. 88 Review by Chief Psychiatrist	Review of treatment of an entitled patient	In deciding whether to recommend any changes to the treatment and the nature of those changes, the Chief Psychiatrist must, to the extent that is reasonable in the circumstances, have regard to the views of the entitled patient's carer, if the Chief Psychiatrist is satisfied that the recommended changes will directly affect the carer and the care relationship

Requirements for ECT and restrictive interventions

Electroconvulsive therapy (ECT)

Section of Act	Point in care	Require action of authorised psychiatrist
s. 93 Application to Tribunal to perform ECT on a patient who is not a young person s. 94 Application to perform ECT on a young person	ECT for a patient (including a young person under the age of 18 years)	In determining whether there is no less restrictive way for a patient (including a young person) to be treated, the authorised psychiatrist must, to the extent that is reasonable in the circumstances, have regard to the views of the carer

Restrictive intervention

Section of Act	Point in care	Require action of authorised psychiatrist
s. 107 Notification of use of restrictive intervention	Use of a restrictive intervention on a person receiving mental health services in a designated mental health service	In determining whether there is no less restrictive way for a patient (including a young person) to be treated, the authorised psychiatrist must, to the extent that is reasonable in the circumstances, have regard to the views of the carer An authorised psychiatrist must take reasonable steps to ensure that, as soon as practicable after commencement of the use of a restrictive intervention on a person, the carer is notified of its use, the nature of the restrictive intervention and the reason for using it

Disclosure of health information

General

Section of Act	Point in care	Require action of authorised psychiatrist
s. 346 Disclosure of health information	The duration of compulsory treatment	In determining whether to disclose health information to a carer of a patient, an authorised psychiatrist must be satisfied that the disclosure is reasonably required by the carer to determine the nature and scope of the care to be provided to the patient and to make the necessary arrangements in preparation for that role or to provide care to that patient

Endnotes

- 1 This figure is derived from Diminic S, Hielscher E, Lee YY, Harris M, Schess J, Kealton J, Whiteford H 2016, *The economic value of informal mental health caring in Australia: technical report*. The University of Queensland, Brisbane.
- 2 Commonwealth of Australia 2010, *National standards for mental health services 2010*, Australian Government, Canberra <<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10>>
- 3 Department of Health 2011, *Framework for recovery-oriented practice*, State Government of Victoria, Melbourne. <<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Framework-for-Recovery-oriented-Practice>>
- 4 Chief psychiatrist guidelines <<https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines>>
- 5 The new Child Information Sharing Scheme, established under the *Children Legislation Amendment (Information Sharing) Act 2018*, commenced in September 2018. The scheme authorises prescribed professionals and service providers to share information to promote the wellbeing and safety of children.
- 6 Chief psychiatrist guidelines <<https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines>>
- 7 For example, advance care directives made under the *Medical Treatment Planning and Decisions Act 2016*.
- 8 Cummins RA, et al. 2007, *Australian Unity Wellbeing Index, Survey 16.1, Special Report – Groups with the highest and lowest wellbeing in Australia*, Australian Centre on Quality of Life, Melbourne.
- 9 Mental Health Carer Experience Survey: Guidance for organisations <<https://www.amhocn.org/publications/mental-health-carer-experience-survey-guidance-organisations>>