



Mental Health Services

Family, Carer and Supporter Guide



HSE Mental Health Services

Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service



Acknowledgements

This Guide incorporates information and examples from many sources, organisations and services which have produced similar guidance for the supporters of persons with mental health difficulties and service providers, both in Ireland and abroad, as well as service users and their supporters. We would like to acknowledge this and express our thanks for permission to use this material. The services, organisations and sources that we have drawn on are listed in Note 1 at page 40. While we are grateful to all those listed in Note 1, we would particularly like to acknowledge the excellent material that we have received from colleagues in the Irish Mental Health Services – both public and independent – and from our Australian colleagues, and their permission to use it appropriately. Without access to all this material, we would have been reinventing the wheel many times over. We are in their debt.

Foreword

Is priviléid mór domsa an Treoirleabhar seo do clann agus cairde daoine go bhfuil deacrachta mheabhair shláinte acu a chur chun chinn.

It is a great pleasure to send this Guide for family members, supporters and carers of people with mental health difficulties who use our services on its way. It will also be helpful, I hope, to those who provide those services.

An earlier Guide was prepared in 2008 but much has changed and developed in Ireland and in the Irish Mental Health Services since then. More than anything else, perhaps, the Recovery Approach to mental health challenges has become central to the way our services engage with service users and their supporters.

The Guide would not have been possible without the help and support of many people and organisations and this is recognised in the Acknowledgements and References sections of the Guide. However, I would like to take the opportunity here again to thank them for their generous contributions, many of them “co-produced”, as the saying goes.

There is a shorter version of the Guide available in fold out, credit card format and some may find this useful to have to hand for easy reference. As always, we would welcome views on the Guide and how it works in practice as time goes on.

We believe that the Guide is hopeful and positive in keeping with the Recovery Approach. So please use it and/or the credit card version as best suits your needs.

Liam Hennessy
Head of Mental Health Engagement
HSE
May, 2018



Introduction

Who is this Guide for?

This Guide is for family members, carers and supporters of people who use our mental health services. The Guide is also intended to assist our services in their interaction with family members or supporters in dealing with issues such as confidentiality obligations. The terms family members, carers and supporters are used interchangeably in this Guide.

What is its purpose?

The purpose of this Guide is to outline for family members, carers and supporters of service users the care they can expect for their relatives or friends when they use our service. It also makes some suggestions as to how family members, carers and supporters can care for themselves when a relative or friend is unwell or feeling emotional distress.

The Guide also sets out for the benefit of service users, their families and supporters and service providers ways of dealing with the issue of confidentiality in a constructive manner that can hopefully be helpful to all.

While the Guide covers both our Primary and Secondary Care mental health services, much, but not all, of the details in the Guide relate to our Secondary Care services.

How to use this Guide

There is a Table of Contents on pages 4 and 5 and a Note (Note 3 on pages 49 to 53) dealing with various support opportunities. You might wish to look at the Table of Contents to identify issues that you may find particularly interesting in your own circumstances. This way, you can go straight to those parts of the Guide which interest you most at the beginning.



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Recovery and Wellbeing



What is the approach to care provided in our health services?

What is Recovery?

Family Recovery



Recovery and Wellbeing

What is the approach to care provided in our services?

The model of care in our mental health service is based largely on what has been called the **Recovery Approach**.

There are other models of care in our services such as the biopsychosocial model. This model takes into account the biological, psychological and social context of mental health difficulties. Some of the possible therapies used can include medication, family approaches, psychotherapy, cognitive behavioural approaches or psycho education (where people are given information on how to manage their own condition, including information about the Recovery Approach and family supports).

These approaches and models can and do work together.

What is Recovery?

Recovery has been defined in a number of ways. Broadly speaking, it is a deeply personal, unique process where a service user can change his or her attitude, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life. Recovery involves the development of new meaning and purpose in a service user's life as he or she grows beyond the effects of psychiatric illness¹

According to the World Health Organisation (WHO), the concept of "recovery" has become the dominant model for mental health systems internationally in the 21st century (WHO 2014)². In Ireland, it is a central principle of all recent policy documents on mental health services, including, in particular - *A National Framework for Recovery in Mental Health 2018 - 2020*.

¹ Adapted from Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11-23

² WHO (2014) Mental Action Plan 2013 - 2020

Recovery represents a positive, hopeful outlook for persons coping with mental health difficulties and their supporters. It is not just about clinical recovery, such as the reduction of symptoms, important though that can be. It is also about personal recovery where a service user can use his or her own innate strengths to build or rebuild a meaningful and contributing life for him or herself.

For many people, recovery is about staying in control of, and being in charge of the direction of, their life despite experiencing mental health difficulties. To put recovery into action means to focus care on supporting recovery. Rather than just treating or managing symptoms, the aim is to build the resilience of people diagnosed with a mental illness and their family members, carers and supporters and to empower them. **Hope is the main principle** – the belief that it is possible for someone to regain a meaningful life, despite serious mental health difficulties. Recovery is often referred to as a journey of discovery, an outlook or a set of guiding principles.

The guiding principles for recovery are:

- Building a meaningful and satisfying life, as defined by people themselves
- Enabling and supporting people to become active in taking responsibility for decisions about their life, their care and the services they use
- Focusing on strengths, solutions, health and wellness
- Working with people to identify and support progress towards their personal ambitions and goals
- Inspiring hope for the future; sometimes holding hope for people when they are unable to hold it for themselves

- Developing relationships between professionals and people using our services which are based on mutual respect and partnership working
- Enabling people to take on meaningful, satisfying and valued social roles and relationships and to take advantage of opportunities to participate in local communities
- Supporting the wellbeing of staff and cultivating their capacity for hope, creativity, compassion, realism and resilience
- Including family and other supporters as partners in peoples' recovery wherever possible
- Adopting respectful, non-stigmatizing and clear language in all communications.

Put more simply, recovery means that, in cooperation and partnership with various mental health professionals and other supporters, people can recover from mental health difficulties and go on to lead meaningful and productive lives.

The recently published *A National Framework For Recovery in Mental Health 2018 - 2020* is a comprehensive guide to how recovery is to be rolled out in our mental health services over the next three years.

The full document can be accessed at <https://tinyurl.com/framework-for-recovery>, while a shorter, plain English version can be accessed a <https://tinyurl.com/Framework-plain-english>

Family Recovery

Recovery, however, is not confined to the experiences of the person facing the mental health difficulties. It can be, and often is, a journey that family members, carers and supporters undertake as well.

Recovery for you can be about “letting go” or “stepping back” and regaining your own life and looking after your own needs. For example, you might be able to separate what is your responsibility from other peoples’ responsibilities. You can find hope and helpful supports in difficult times and you can have improved relationships with your relative and others. A very helpful resource in this context is the FRIENDS Recovery Booklet which can be accessed at <https://tinyurl.com/Family-recovery-booklet>. Moreover, as you work your way through this Guide, you will find other suggestions that may be helpful for your own recovery.



“Family members and carers are often an invaluable source of support at times like these (where another family member is facing mental health difficulties). They have more intimate knowledge of the individual than can be assimilated quickly by any health professional and therefore can play a vital role in recovery.”

(Foreword to *The Journey Together: Information booklet for families and friends who support people experiencing mental health problems*, HSE Mental Health Division, 2008)

“I cried when a staff member said to me: ‘Are you John’s mother? How are you going?’ We have endured many changes of staff and services over the last 20 years. No one ever spoke to me. After 20 years, I can now share the information I have, and together we are slowly working towards recovery – for all the family.”

(Mother’s comment during national consultation for *A Practical Guide For Working With Carers Of People With A Mental Illness*, Australia, 2015)



Carers and Supporters

Am I a carer or supporter?

What might I do to ensure my own self-care?

What supports are available to me as a carer or supporter?



Carers and Supporters

Am I a carer or supporter?

There are a number of ways to define a carer or supporter. You are a carer or supporter if you:

- spend a lot of time supporting someone in your family, or a friend, who needs help in coping with a mental health difficulty or
- you are an important part of that person's support system.

Carers or supporters may be husbands, wives, children, brothers or sisters, partners, flatmates, parents, significant others or close friends.

The reality of caring for or supporting others can be complex and demanding and each person's experience of caring or supporting is likely to be different. Carers or supporters play a vital support role for many people with mental illness and they can experience major personal impacts as a result. **That is why self-care is so important for carers or supporters and why they too sometimes need support with their Recovery Journey.**

In fact, the Recovery Approach is important for family members in two ways. First, having the family involved in the recovery process ensures better recovery outcomes and places an emphasis on the family members as having a role in the recovery journey of the person they care for. Second, families too face their own challenges because of their experience of mental health difficulties in their families.

What might I do to ensure my own self-care?

Self-care or care of the self means to make sure your needs are met first in order to be able to best support someone else towards recovery. After all, as the old saying has it: "If you don't look after yourself, then, you will not be able to look after anyone else".

So what can I do?

You might try to learn more about the condition or conditions that the person you are caring for is experiencing. It is often less stressful or worrying to be a carer for someone with a mental health difficulty when you have an understanding of what they are experiencing. If they have a diagnosis, you might want to read about the condition.

The summaries in Note 2 on pages 43-48 give some basic details about the most common mental illnesses, provide a brief insight into the main features of each one, the treatment approaches that might be involved and the names of relevant supports for the mental illness concerned. However, it is not intended to be viewed as a comprehensive source of information.

There are also a number of websites that can provide useful information about mental health difficulties. But do remember to be careful to get information from a reliable source - some websites may not be accurate. The Royal College of Psychiatrists' (RCP) website contains useful information, written in plain English, about a number of mental illnesses. The link for this information is <https://tinyurl.com/rcp-mental-health>. Not only does it contain information about various diagnoses, it also indicates the types of treatment that might be undertaken and options and choices that might be made for a particular diagnosis. The UK National Institute for Health and Care Excellence (NICE) website also provides evidence based information about all conditions both as regards physical and mental health. You can access their mental health information at <https://tinyurl.com/MH-behavioural-conditions>. Closer to home, the College of Psychiatrists of Ireland (CPI) also has a website with useful information and it can be accessed at www.irishpsychiatry.ie with specific information on mental health problems at <https://tinyurl.com/CPI-information>. And, of course, not to be forgotten is the HSE's www.yourmentalhealth.ie

It is important keep up your own interests, as best you can. As well as any organised activities like work commitments, education or social groups, try to make time for things you are interested in. And look after your own physical health. It is important to try to take exercise, to get outdoors when you can and to eat a healthy varied diet.

You might try to plan your time as carefully as you can to ensure you have breaks which you enjoy. While this can be difficult if you are very concerned about your relative experiencing a mental health difficulty, the chance to relax, even briefly, can be helpful. You should not feel guilty about this and make sure you are in regular contact with your own supporters to help get some of your worries off your chest.

A very useful and comprehensive resource in this context is the *Caring for Yourself Guide* produced by the Meriden Family Programme. In particular, section 8 of that Guide which can be accessed at <https://tinyurl.com/recovery-caring-for-yourself> is really helpful.

Another helpful guide to self-care can be found in *The Carers Companion* produced by Family Carers Ireland which can be obtained from careline@familycarers.ie. In particular, the section of *The Carers Companion* on "Looking After You" (at pages 42 to 50) is very helpful in this context. Family Carers Ireland also has a **Freephone National Careline 1800-24-07-24** for information, advice or just a friendly ear.

What supports are available to me as a carer or supporter?

There are number of self-help or supports for people with mental health difficulties and their carers. We list those that we are aware of and that you or the person you are supporting might find helpful. A list of these supports is in Note 3 at pages 50-54.

“Professionals should listen to relatives as not every service user can give an accurate picture”

(Quote from contributor to the Listening Meetings in Ballina, 2014)

“The unseen aspect of mental illness means that it is not always acknowledged as a possibly disabling condition and it can be emotionally disabling for the family member too.”

(Quote from a member of REFOCUS (A Committee of the College of Psychiatrists of Ireland composed of service users, family members and psychiatrists) whose brother has a serious mental illness, 2013)

Language and Terms used

Terms that are used in the Mental Health Service explained



Language and Terms used

Can the terms that are used in the mental health services and that I might come across be explained to me?

We know that there are a lot of words, expressions and terms used in our mental health service that service users and their supporters may find confusing at first. The following is a list (in alphabetical order) of most of the terms that you are likely to come across. However, if someone is speaking to you and using abbreviations or unknown phrases that you do not understand, always ask them to explain what they mean. Don't be afraid to ask questions; people often forget that not everybody uses the same language on a daily basis.

- Acute Psychiatric Unit (APU)
- Advocacy
- Advocate
- Care Plan or Care Planning (sometimes called a Care and Recovery Plan or an Individual Care Plan (ICP))
- Community Mental Health Team (CMHT)
- Community Psychiatric Nurse (CPN)
- Discharge Plan or Planning
- Health and Social Care Professional
- Key worker
- Mental Health Act, 2001
- Multidisciplinary Team (MDT)
- Peer Support Worker (PrSW)
- Family Peer Support Worker (FPrSW)
- Primary Care
- NCHD (Non Consultant Hospital Doctor)
- Service user, consumer, client, patient
- Secondary Care

“Data from the focus groups (of family members and supporters of attendees of services in the Dublin North City) were analysed using Thematic Analysis and the key theme that emerged was conceptualised as ‘nightmarish and challenging’. This describes the experience of caring and being involved in the mental health services ... Being a carer was experienced as being ‘all consuming’ which refers to the intense and sometimes horrifying experience of being in the carer role with a relative with mental health difficulties. Being involved with mental health services was experienced as a ‘rocky road’, which refers to how carers try to navigate their way through the mental health system to have the needs of their relatives met and to have their role as carers recognised.”

(Quote from Giving Voice To Family And Friends In Mental Health, 2015)

Acute Psychiatric Unit (APU) (Sometimes described as Department of Psychiatry (DOP) in a General Hospital)

An inpatient facility for people who have particularly difficult mental health challenges which cannot be addressed fully in the community. Inpatient stays are generally of short duration with a service user being discharged back to his or her Primary Care Service or GP or Community Mental Health Team for follow up care.

Advocacy

Advocacy tries to ensure that people, particularly those who are vulnerable, are able to:

- Have their voice heard on issues that are important to them
- Defend and safeguard their rights
- Have their views and wishes genuinely considered when decisions are being made about their lives.

As a supporter or carer, you may wish to advocate for your relative or friend receiving care and treatment. However, in keeping with the recovery approach to mental health care, our service encourages participation and involvement by the individual in all aspects of their care and treatment; and self-advocacy. Moreover, the Irish Advocacy Network (IAN) provides independent advocacy in inpatient mental health services throughout Ireland. A trained, specialist advocate from IAN visits local inpatient services and details of how to contact him or her are posted in those inpatient services. You can also find further information at the

following links: Email: admin@irishadvocacynetwork.com

Website: www.irishadvocacynetwork.com

STEER can provide advocacy for service users in Donegal.

Website: www.steerhousing.com

Advocacy for family members is available through Family Carers Ireland centres. There are a network of these centres around the country and a full list of Carers Resource Centres and Outreach Centres can be found at www.carersireland.ie/findus/.

Advocate (sometimes called Mental Health Advocate or Peer Advocate)

An advocate can either be the service user themselves (self-advocacy) or a family member or carer or supporter who can advocate with our service about the needs and goals of the service user when he or she is in our care. Note 4 on pages 56-57 sets out in more detail what Peer Advocacy is all about.³

Care Plan (also called an Individual Care Plan (ICP) or an Individual Care and Recovery Plan)

The components of an Individual Care Plan include:

- A documented set of goals for the care of the service user which should be based on the strengths of the service user in keeping with the Recovery Approach
- Regular review and update of the plan by the service user and the service user’s Multidisciplinary Team
- Consultation and partnership with the service user and his or her supporter as much as possible
- Details of treatment and care to be given to the service user in accordance with best practice
- Clarity about the role a family member or supporter can play
- Identification of the necessary resources to implement the care plan⁴

³ Irish Advocacy Network

⁴ Mental Health Commission Guidance Document

Clinical Psychologist (sometimes Psychologist)

A Clinical Psychologist is someone who works with a wide variety of people (including service users being treated in our service) towards making changes in their lives. The process begins with gathering a thorough understanding of the person's thoughts, emotions and behaviour. From this, a collaborative plan is drawn up to facilitate people working towards a preferred way of being and living life that is in keeping with what is important to them.

Because of the nature of their qualifications, some psychologists can use the term doctor but they cannot prescribe medication.

Community Mental Health Team (CMHT)

A CMHT provides our mental health services on a local basis. These teams may include Psychiatrists, Clinical Psychologists, Community Mental Health Nurses, Social Workers and Occupational Therapists, all of whom will work jointly in trying to develop care and recovery initiatives to meet the needs of the person using the services.

Community Mental Health Nurse (CMHN)

A CMHN sees people who are living in the community. This is often in the person's own home but it can also be elsewhere such as clinics. CMHNs provide support to people through difficult periods when they are unwell. They may also see service users who are currently well to check everything is going ok and be the first point of contact if the service user starts becoming unwell again.

A CMHN will help service users with their medication, if it has been prescribed, and make sure that they understand what they should be taking and when.

Because CMHNs can see service users in their own homes, they also play a valuable role in helping the service user's family and carers understand and cope with his or her illness and issues which they may have themselves.

Discharge Planning

In an acute psychiatric unit, discharge planning should usually begin as soon as possible after the person you care for has been admitted. The discharge plan should be included in the care and treatment plan and be reviewed and updated regularly. The discharge plan should contain:

- An estimated date of discharge,
- Notes of communication with the GP of the person you are supporting, primary care team or community mental health staff,
- Clear goals along the way towards discharge,
- The roles and responsibilities of the team treating the person you are supporting,
- A follow-up plan, and
- Early warning signs of relapse and risks and
- Relevant information and guidance for the family member as to how they can support the person's recovery.

Before the hospital discharges your relative, there should be a meeting between him or her, the key worker, relevant members of the Multidisciplinary Team and, with your relative's permission, yourself or a chosen advocate. If your relative is being discharged to live with you, then, you should be involved in the discharge planning.

Health and Social Care Professional (Formerly, Allied Health Professional (AHP))

Health and Social Care Professionals include Clinical and Counselling Psychologists, Occupational Therapists (OTs) and Social Workers. They can all be members of a Multidisciplinary Team caring for someone with a mental health difficulty.

Key Worker

A Key Worker is the member of the Multidisciplinary Team who co-ordinates an Integrated Care and Recovery Plan and acts as the link/contact for the service user whom they are supporting, their carer(s) and other team members. The Key Worker looks after the actions that are agreed in the Care Plan and may also be responsible for keeping close contact with the service user, family/carer and, where the service user chooses an advocate to do so, that advocate.

Mental Health Act, 2001

Involuntary Detention

A small number of people with mental health difficulties need hospital admission. Some of these people may not wish to be admitted and so may be “involuntarily detained” (sometimes called an “assisted admission”) in an approved mental health service to receive the treatment they need.

There are specific provisions and principles in the Mental Health Act which apply to people who are admitted involuntarily to Mental Health Services in Ireland.

These include:

Right to information

A person’s right to information is protected under this law and their right to information is vital where there are proposals in relation to involuntarily detaining a person.

They are entitled to information on:

- Involuntarily detaining a person (sometimes called “an assisted admission”)
- Their treatment
- Admission Orders
- Before any decision affecting a person is made, due consideration must be given to any representations made by the person, or on his or her behalf
- The person is entitled to be informed of the right to an independent medical examination by a consultant psychiatrist and to a review by an independent Mental Health Tribunal

Any person who is the subject of a review is entitled to be legally represented.

Right to Review

A system of Mental Health Tribunals has been established under the Mental Health Act to ensure that all those who are entitled to a review of their detention will be able to get one. Tribunals are made up of the following members:

- A practising barrister or solicitor
- A Consultant Psychiatrist
- A Lay Person

Multidisciplinary Team (MDT)

A team of people with different skills and specialities – Psychiatrists, Non Consultant Hospital Doctors, Mental Health Nurses, Clinical or Counselling Psychologists, Occupational Therapists, Social Workers and, where available, Peer Support Workers. The Team carries out, and monitors, the care and recovery programme for individuals attending the mental health service in partnership with the individuals concerned and, where appropriate, their families and supporters.

NCHD/Junior Doctor, NCHD (Non Consultant Hospital Doctor), SHO (Senior House Officer), SR (Senior Registrar), R (Registrar), Intern)

An NCHD or Junior Doctor in the mental health services is a medical doctor who is not yet a medical specialist. Most of these doctors will be training to be specialist psychiatrists, some will train to become GPs and some will not be in official training posts. They are not entitled to work as specialists but, depending on their level of experience and training, will be trained and supervised by specialist doctors in psychiatry who are on the Medical Council of Ireland's Specialist Register.

Next-of-kin

A person's next of kin is that person's closest living blood relative or relatives. In Ireland, the order of precedence is spouse, children, parents, and brothers and sisters.

Occupational Therapist (OT)

OTs are trained to work with people to help them to improve their ability to cope with daily living as independently as possible. They may help with practical tasks, and can improve coping strategies as well as helping to encourage participation in recreational, educational and vocational activities.

Peer Support Worker (PrSW)

Peer Support Workers are people who have lived experience of mental distress and recovery and have had appropriate training to prepare them for offering support to others in similar situations. They use this experience and training to help others who are currently experiencing distress.

Peer Support Workers draw upon their own lived experience of mental distress and recovery to offer emotional and practical support to those experiencing mental illness. This involves helping and empowering people to have more choice and control in the type of support they receive.

Peer Support Workers have a special understanding of what it is like to experience mental health issues. PrSWs can talk to, and discuss with, service users their personal experience of mental health recovery.

Each PrSW is trained in mental health awareness and holds a nationally recognised qualification. All conversations with a PrSW are confidential. However, where there is a serious risk of harm to the person being supported by the PrSW or to others, this would need to be disclosed.⁵

There are now over 20 Peer Support Workers across our services and these numbers may increase over time.

Family Peer Support Worker (FPrSW)

A Family Peer Support Worker is a family member or carer who has lived experience of a relative's mental health difficulty. As a result of this lived experience, a FPrSW can support other family members or carers and provide a wide range of services to them, including emotional support and information about mental health services.⁶

⁵ HSE and Refocus Mayo

⁶ Center for Implementation-Dissemination of Evidence-Based Practices among States, known as the IDEAS Center, an Advanced Center funded by the National Institute of Mental Health, USA, updated June, 26, 2017

Primary Care

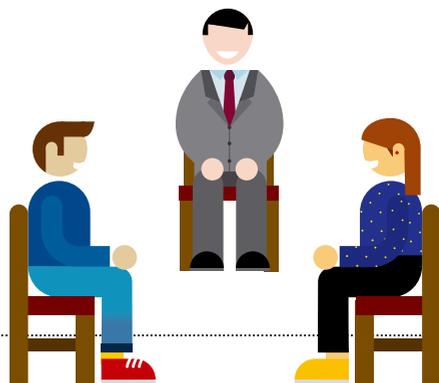
Primary care refers to health care delivered in local communities by GPs, public health nurses, social workers and others in non-specialist settings. Individuals access primary care directly by arranging to see a GP or other health service staff member through self-referral. For most people who experience a mental health difficulty, their first port of call for professional support will be their local GP. The primary care system deals with 90 per cent of mental health difficulties in Ireland.

Psychiatrist

Psychiatrists are doctors who look after patients with mental health problems. They assess patients, make diagnoses; they may investigate medical problems, offer advice, and recommend different treatments including medication, counselling or other life style interventions. Treatment of patients with mental health problems depends on a wide range of professionals including psychiatric nurses, social workers, clinical psychologists, psychotherapists and occupational therapists. The psychiatrist works together with these professionals as part of a team. Psychiatrists also are involved in teaching, audit and research.

Psychosis

Psychosis is a state of mind in which delusions, hallucinations, with or without associated thought disorder, lead to distress or disruption of functioning. It is often accompanied by major changes in mood, mental functioning and may be associated with disturbed behaviour.



Secondary Care

When a patient is referred from Primary Care to a specialist, he or she is then in “secondary care.” Secondary care simply means that a patient referred from Primary Care will be taken care of by someone who has more specific expertise in the difficulty a patient is experiencing. In the case of the mental health services, this would involve a psychiatrist led community mental health team.

Tertiary or third level care

In the Irish mental health services, this would normally cover inpatient care in an Acute Psychiatric Unit.

Service user, client, consumer, patient

Service user is the term most often used nowadays to describe a person with mental health difficulties who has contacted our mental health services. However, the term patient is still widely used and, sometimes, client or consumer can be adopted. We use what we think is the most appropriate term for its context in this Guide, with service user being the most frequently used.

Social Worker

Social workers work with individuals and families to help improve outcomes in their lives. Social workers support people, act as advocates and direct people to the services they may require. Social workers often work in multidisciplinary teams alongside other health and education professionals. Social workers work in various mental health settings. They identify those who need help, assess their situations and develop a plan to address their needs. Duties may include face-to-face counselling, resource assessment, responding to crisis situations and advocating for the wellbeing of their clients.

Confidentiality



Confidentiality

Consent to sharing information

The majority of service users do not have concerns about those close to them being involved in their care. However, some do and this needs to be respected. A service user's views can vary at different points in their care and we recognise that what is important is to have conversations with both the service user and the family from the start, and continuing throughout the period of care, about the different factors that need to be taken into consideration about sharing information.

Confidentiality is always important to people who are receiving care and treatment in our service. We can only give the supporter of a person using the service information about their care if the person who is receiving care and treatment gives their consent.

We know that this can be very difficult, but education about the illness and supports available may provide some help with this. Moreover, without breaking confidentiality, our service is happy to listen, offer advice and support (such as “signposting” to relevant supports and sources of information) and build a relationship with you.

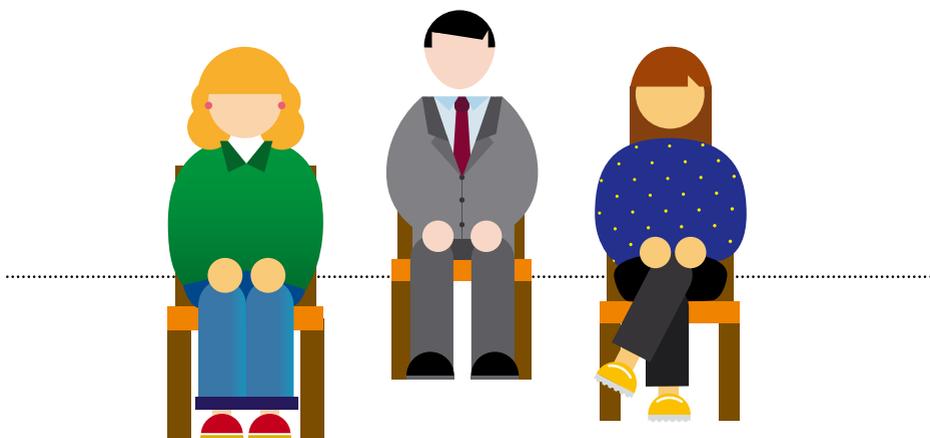
It is important to remember that you and the service treating the person you care for do not regard informed consent as a once-off activity. Consent is rarely refused if:

- it is sought at an appropriate time
- the person who is receiving care understands the reason for asking
- the information is sought in a positive manner and
- it is re-checked on a regular basis.

Kinds of Information

Information can be divided into general and specific or non-personal and personal.

- Specific or personal information requires the permission of the service user for sharing of the information, except in certain legal situations such as where there may be issues around harm to the service user him or herself or others.
- Listening, requesting and receiving information, including information on supports available, does not require permission.
- General or non-personal information can be shared.



Where confidentiality is an issue

If confidentiality is an issue, here are some tips that can be worked through by you with your relative and the clinicians who are treating your relative.

- It is helpful if all involved know what information can and cannot be shared.
- Clinicians should try to establish what you already know, as this supports the care provided to your relative.
- Clinicians should talk to your relative so that you and anyone else involved in providing significant care to him or her are identified.
- A listening ear, advice and support (such as “signposting” and the provision of general information) can be offered by clinicians as well as building a relationship with you, without breaching confidentiality. Each family’s situation needs to be looked at as a unique set of circumstances and confidentiality can be upheld, while seeing the service user in their family context.
- Provided you and your relative agree, information about you and other supporters should be written in your relative’s case notes and this information should be shared with others involved in their care.
- Clinicians should talk to your relative about the level of information sharing they are comfortable with – full, partial or no disclosure. In this context, the Confidentiality and Information Sharing Consent Form – adapted from Rethink Mental Illness in the United Kingdom Factsheet and set out in Note 5 may be helpful.
- You may need to distinguish between personal and nonpersonal information.
- If your relative does not want any information disclosed, this decision should be regularly revisited with them over time.
- All decisions about confidentiality should be recorded in your relative’s case notes. This can be done, for example, on the Individual Care Plan.
- On discharge to a family home, a necessary level of information should be shared with you.

Where confidentiality is not an issue

Most service users are happy to work with their families or friends towards recovery. They understand, if asked at an appropriate time and in an appropriate manner, the fact that people close to them are likely to be an essential part of their recovery.

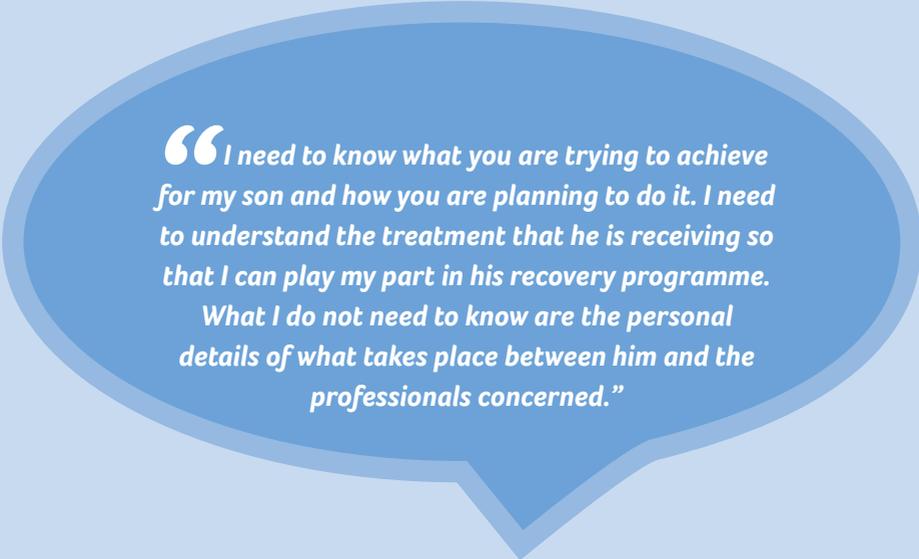
If your relative gives their consent, our staff can speak to you about their progress and you can be involved in some of their meetings with their consultant and other staff as well as meeting staff members on their own. This is always decided on an individual basis as part of the Care and Treatment Plan which you can and should become involved in, if the person receiving care and treatment agrees.

In this context, you might find it helpful to know that the regulator for mental health services in Ireland – the Mental Health Commission – recommends that inpatients and, *where appropriate, their representative, family and next-of-kin*, are involved in their Individual Care Plans. The Care Plan should be discussed, agreed where practicable and drawn up with the participation of the service user *and their representative, family and next-of-kin, as appropriate*. The Individual Care Plan should identify the service user's assessed needs.⁷

Family members' and carers' right to confidentiality.

Family members and carers have their own right to confidentiality which means that where family members or carers provide information to professionals and ask that the information be regarded as confidential, this should be honoured by all concerned unless a risk is disclosed.

⁷ Extract from Judgement Support Framework (JSF) (as revised) Care Planning Regulation 15 - Para 4.5 of the JSF



“I need to know what you are trying to achieve for my son and how you are planning to do it. I need to understand the treatment that he is receiving so that I can play my part in his recovery programme. What I do not need to know are the personal details of what takes place between him and the professionals concerned.”

(Quote from a member of Rethink Mental Illness, a UK Mental Health Charity, whose son has a serious mental illness, cited in Carers and confidentiality in mental health, Royal College of Psychiatrists www.rcpsych.ac.uk/healthadvice/partnersincarecampaign/carersandconfidentiality.aspx accessed, 12 July, 2017)



“Confidentiality is a challenge for families”

(Quote from contributor to the Listening Meetings in Galway, 2014)

Pathway through the Mental Health Services and Other Matters



Questions you might want to ask

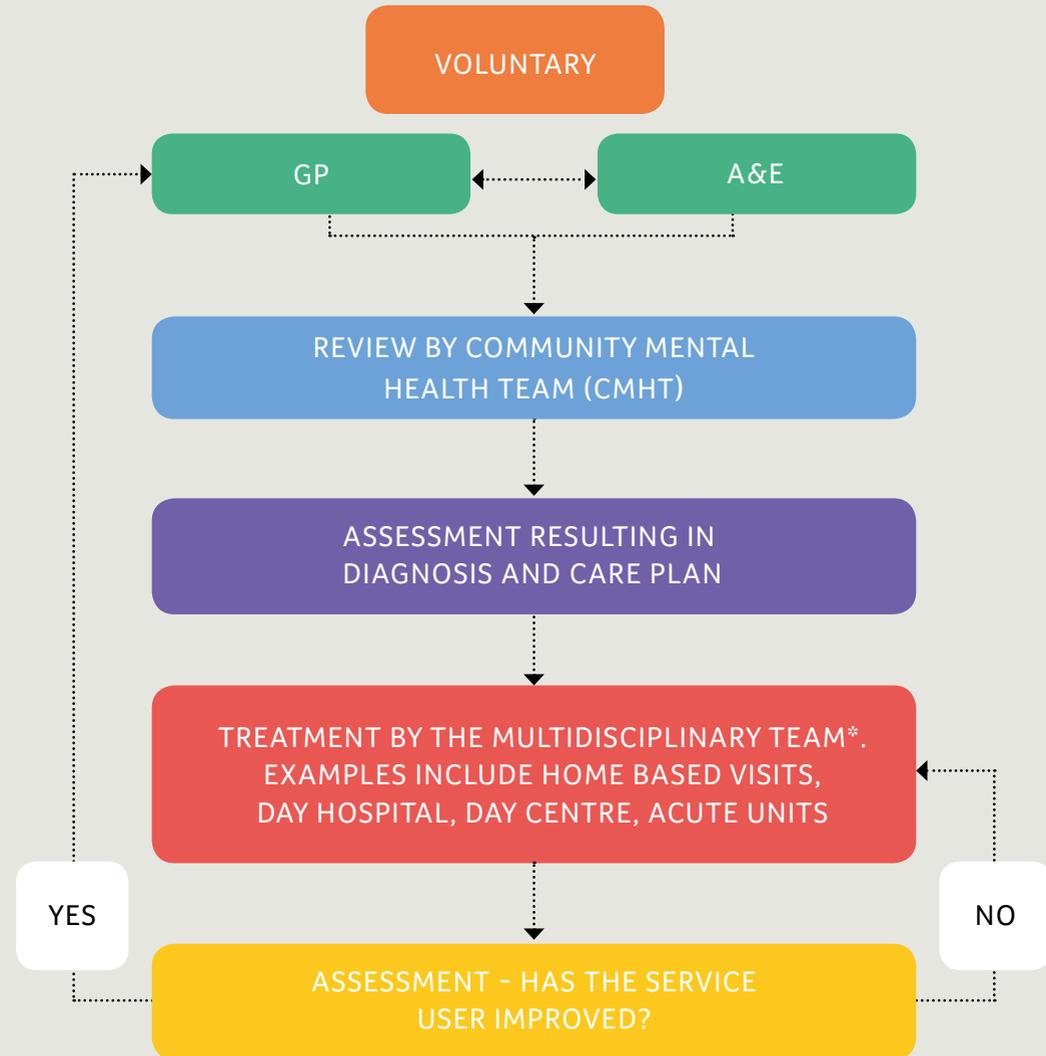
Medication

Compliments, Comments, Complaints and Getting Involved

Conclusion



Pathway Through the Mental Health System



* Treatment by Multidisciplinary Team (MDT): - A multidisciplinary team is a group of health care workers who are members of different disciplines (e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.

Questions you might want to ask

When someone you care for comes in contact with our service for the first time (or, even, where they have been with the service before), you as a carer or supporter may have a feeling of being overwhelmed. The following are some of the questions you might want to ask:

- What diagnosis has my relative and what does it mean both in the short and long term?
- Will they have to go to hospital and, if so, how long are they likely to be there?
- Will there be aftercare follow up after they have been discharged?
- Will they have to take medication and, if so, for how long?
- Will the medication have side effects and, if so, what might they be?
- What is a therapeutic programme?
- Will my relative be put on a therapeutic programme and, if so, when might it start and how long will it last?
- What wider supports are there for the person I care for in the community?
- What involvement can we as family members or supporters have, for example, in their Care Plan?
- What can I do to help and support?
- Where can I go for help and support?
- What sort of challenges might I face when my relative comes home?

You should put the questions you have to the Key Worker assigned to the person you care for or a nurse or other key member on the Community Mental Health Team. You might find it helpful to use the “Personal Notes” page at the end of this Guide to write down these questions and the answers to them. You could also use this page to put down information you gather from other sources such as the Royal College of Psychiatrists, NICE, the College of Psychiatrists of Ireland and yourmentalhealth.ie.

Medication

Medication can play a significant role in the clinical recovery of a person dealing with mental health difficulties. It can be important for the person you care for and for you too to be informed about medicines and the choices available. For this reason, you may wish to speak to the Key Worker or other member of the Multidisciplinary Team looking after the person you care for. In this context, here are some questions that might be on your mind about medications.

- What medication is to be used?
- How often will the medication be reviewed?
- How long will the medication have to be taken for?
- Are there other medications that could be used if this one doesn't work?
- What will happen if they stop taking the medication?
- What happens if none of the medications work?

The Royal College of Psychiatrists links:

<https://tinyurl.com/RCP-problems-disorders>

(which deals with problems and disorders) and

<https://tinyurl.com/Treatments-and-Wellbeing>

(which is concerns treatments and wellbeing) are a useful resource on treatments used to help with mental health difficulties.



NOTE 1

References

Compliments, Comments, Complaints

Just as in any walk of life, our doctors, nurses and health and social care professionals, who often work under very considerable pressures and face many difficulties, welcome a compliment, a favourable comment or a word or two of thanks.

But it is important to know that, if you have a specific complaint, we want to hear it. Amongst other things, a complaint can help us to improve our service.

If you would like to make a complaint, you should approach an appropriate member of staff informally as, often, complaints can be addressed there and then. If you are not satisfied, you can use the more formal procedures of the HSE *Your Service Your Say* process. *Your Service Your Say* leaflets and forms can be found in all HSE supported facilities. If the person you care for is in an inpatient in an acute psychiatric unit, you can go directly to the nominated complaints person for that unit.

Getting Involved

If you would like to become involved in the groups that are now being established to ensure that the views and experiences of service users and their supporters are listened to and heard by our services, you can do so by contacting your Local Area Lead for Mental Health Engagement whose details can be found at <https://tinyurl.com/area-leads>.

You might wish to understand the context for these developments. That context is a Report produced by a group of service users and family members called *Partnership for Change* which can be accessed at <https://tinyurl.com/MH-Health-Promotion>.

Conclusion

We hope this Guide will be helpful to family members and other supporters of people with mental health difficulties, especially those who may be facing difficulties for the first time. We know that, at such a time, families and supporters - as well as service users themselves - face considerable challenges. But we believe that hope can be a key element of recovery and we would like to think that this Guide - as well as trying to provide useful information - may play a part in helping families and supporters to make their recovery journey with hope.



NOTE 1 - References

Acknowledgements/References

All material received from HSE or HSE supported Mental Health Service sources including:

Bealach Nua Relative Peer Support Service, Mayo, HSE, Shine

Cavan/Monaghan Mental Health Services

Cluain Mhuire Services

Dublin North City Mental Health Services

Galway/Roscommon Mental Health Services

North Lee Mental Health Services

South Lee Mental Health Services

St Vincent's University Hospital, Old Age Psychiatry Department, Carew House

Wexford Mental Health Service

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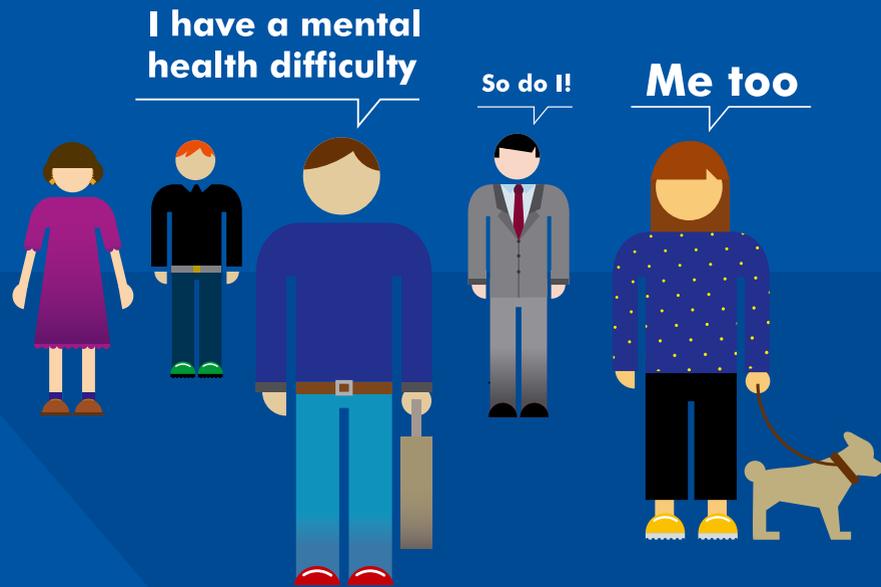
www.yourmentalhealth.ie/mind-yourself/concerned/carers/, HSE.



NOTE 2

The Main Mental Illnesses

Anxiety and Phobias | Bi Polar Disorder
Depression | Eating Disorders
Obsessive Compulsive Disorder (OCD)
Personality Disorders | Schizophrenia



NOTE 2 - The Main Mental Illnesses

Anxiety and Phobias

Anxiety disorders are quite common, affecting about 5 per cent of the population at any one time but many people do not seek help. Anxiety and fear are normal human emotions and often occur as reactions to stress. However, normal anxiety becomes abnormal when the symptoms are so intense that people are prevented from performing day-to-day activities because they find them so painful and distressing. Abnormal fears, sometimes called phobias, are almost paralysing fears centering on specific situations or objects.

People who suffer from high levels of anxiety find it difficult to concentrate, tend to sleep badly and get tired easily. The body shows the effects of anxiety by increased heart rates, tension and pain in muscles, inability to relax, sweating, rapid breathing, dizziness, faintness and bowel disturbances.

Sudden unexpected surges of anxiety are called panic attacks and can be very frightening. Often a person suffering a panic attack may feel wrongly that they are having a heart attack or are going to die.

Someone who has a phobia has symptoms of intense anxiety or panic but, only in particular situations. Phobias lead to avoidance of the things which are feared.

Treatment

Talking about the problem to trusted friends and relatives often helps and may give a sense of perspective. Most of us tend to avoid stressful situations but, in the case of anxiety disorders, it tends to make the situation worse due to the fears it induces. However, more intensive talking treatments may be required such as Cognitive Behaviour Therapy (CBT). This helps people to recognise, understand and manage anxiety. Learning to relax with advice from professionals or by using Apps, CDs, DVDs or books can help to bring tensions and anxieties under control. Medication such as anxiolytics (anti-anxiety drugs) or anti-depressants may be used to help ease anxiety during the day or help sleep at night.

Support

The supports for these conditions are Aware, GROW, Recovery and OANDA.

Bi-Polar Disorder

This is a mental illness that is characterised by periods of deep depression and of very excited behaviour known as elation. About one in a hundred people are diagnosed as having Bi-Polar Disorder. Around 15 per cent of people who have a first episode of Bi-Polar Disorder never experience another one. Changes in mood are a daily occurrence for everyone but for people who experience Bi-Polar Disorder, the mood changes are extreme. During the elated or “high” phase, people are very active. They may see things or hear things that other people can’t. They may be unable to sleep, feel extravagant and spend large amounts of money that they may or may not have. During these periods people are liable to be irritable or very talkative, sometimes to the point of being incoherent. During the “low” phase of the illness, people may feel overwhelmed by despair, guilt and feelings of unworthiness. They may be very apathetic and totally unable to do the simplest task. Episodes of highs and lows may occur directly after each other and there may be periods of stability.

Treatment

Counselling is very helpful in coming to terms with the diagnosis, learning to recognise triggers, mood patterns and developing practical ways of preventing relapse. This works very well together with the use of medications which may be necessary to stabilise mood.

Support

The supports for this disorder are Aware and Shine.

Depression

Depression is not uncommon. Approximately 1 in 20 people will suffer from severe depression. Men and women suffer from depression equally. When people are severely depressed, they feel that life has little to offer them and that things will never get better. This low mood is more than being fed up or unhappy: it is persistent and coincides with disturbed sleep, changes in appetite, loss of sex drive and markedly affects daily functioning.

People who are depressed may be pre-occupied with negative thoughts and become socially withdrawn. People can become depressed as a result of external events (e.g. the death of someone close, loss of job, etc.). However, sometimes there is no obvious cause. Depression is an illness that can be treated and should not be ignored.

Treatment

Talking therapies or counselling and learning specific techniques are effective in the treatment of depression. For example, cognitive behaviour therapy (CBT) is a treatment that is often useful. Sometimes anti-depressant medication may be used in conjunction with allowing people the opportunity to talk about their feelings and the possible causes of depression. It can also be useful for people who have depression to meet others who have experienced the illness, so attending a support organisation might be beneficial. It can help to break down the feelings of isolation and it can be useful to hear how other people have coped and recovered.

Support

The main supports for this illness are Aware, GROW and Recovery.

Eating Disorders

Eating Disorders are complex conditions which can affect people of all ages, both male and female. They can be a means of coping with unmanageable feelings, leading to a severe disturbance in eating patterns and a variety of physical consequences. There are three officially classified eating disorders – Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder. It is important to note that many people experience symptoms which may not fit comfortably within any one of those classifications – these are referred to as “Eating Disorders not otherwise specified”.

Many people will go from one eating disorder to another. In the case of Anorexia Nervosa, the person will make determined efforts to reach a body weight lower than the normal body weight for their age, sex and height. They may also exercise excessively or make themselves sick.

People experiencing Bulimia will engage in repeated episodes of binge eating, and will then compensate for those binges by means of self-induced vomiting, excessive exercising, and/or the misuse of laxatives and diuretics. Because a person experiencing Bulimia will maintain a body weight within the normal range, it can be very difficult to identify.

Binge Eating Disorder involves repeated episodes of bingeing but, in this case, the person will not try to get rid of the extra food by making themselves sick. Over time, this can, but not always, result in significant weight gain. A person experiencing binge eating disorder finds themselves locked in a lonely cycle of dieting, bingeing, shame and guilt. Binge Eating Disorder affects 4 per cent of the population.

Treatment

Due to the complex nature of eating disorders, a multidisciplinary approach to treatment is necessary. Medical and physical side-effects of the eating disorder behaviours may require urgent attention, though it is vital that the deeper psychological issues at the root of the eating disorder also be addressed. For some, self-help can be an effective road to recovery. Alternatively, the family GP can act as a stepping stone to further treatment options, which may include counselling, nutritional advice, psychiatric assessment and hospitalisation.

Eating Disorders are highly individual conditions and, as such, an individualised approach to treatment is vital to ensure a full recovery. Involvement of the service user's family is important as, for example, families need to know how the support the person following a spell in hospital when they return home.

Support

The main support for Eating Disorders is Bodywhys.

Obsessive Compulsive Disorder (OCD)

OCD is a disorder characterised by obsessions and/or compulsions. OCD is common, affecting approximately 1 in 30 people. It usually appears in childhood or adolescence but continues into adulthood. It is an exaggeration of normal thoughts and actions. Most people find that, from time to time, they have worrying

thoughts which they cannot get out of their head or they carry out repetitive actions which are not really necessary. Obsessions are recurrent, persistent thoughts or ideas that often the person may feel are senseless but he or she is unable to ignore them. A compulsion is a repetitive, ritualistic behaviour which the person feels driven to perform.

Obsessions and compulsions in OCD can cause a lot of distress to the individual and their family. They can be very time consuming, interfering with peoples' daily lives.

Treatment

Cognitive Behaviour Therapy (CBT) has been shown to be very helpful in treating OCD. It involves learning to manage the situations which would normally provoke compulsive actions. People experiencing OCD may learn to resist the compulsions and to tolerate the discomfort they experience as a result which gradually lessens with time. It also aims to change the way sufferers think about the situations associated with their OCD. People experiencing OCD can benefit from self-help techniques, either individually or within a group. Certain medications may also have a role in helping with OCD.

Support

The support for OCD is OCD Ireland.

Personality Disorders

This is a term used to describe a range of differing conditions. These are amongst the most difficult conditions to grasp and the support and care of a psychiatrist or other mental health professional will be very important. Further information can be obtained by ringing the HSE Helpline: 1850 24 1850

Treatment

A recently developed therapy – Dialectical Behaviour Therapy or DBT – has had some very good results in the area of personality disorders. It can, however, take considerable time and requires sustained commitment from participants.



NOTE 3

List of Support Organisations and other Relevant Agencies

Schizophrenia

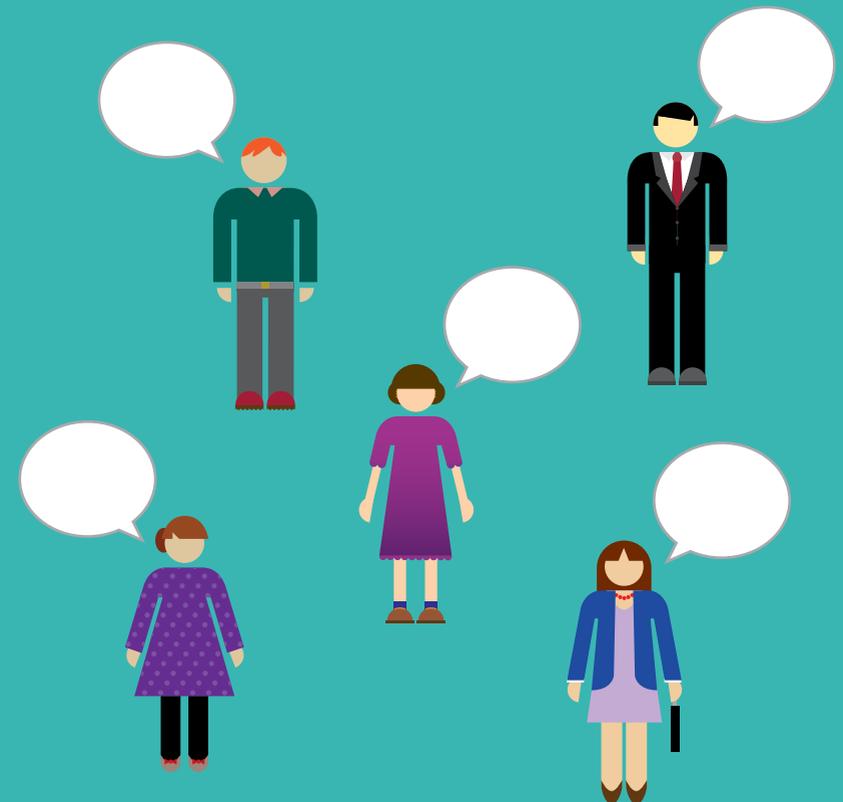
In people experiencing an episode of schizophrenia, the person's thinking becomes distorted, making it hard for them to distinguish reality from what is imagined. When severe, this can lead to immense panic, anger, depression, elation or over activity, perhaps, punctuated by periods of withdrawal. The symptoms of schizophrenia are divided into two groups, called "positive" (for example, hallucinations and delusions) and "negative" (for example, slowness to move, think, speak or react). These may occur separately, together or alternately. It is a relatively common condition with approximately one in one hundred people worldwide experiencing an episode of schizophrenia at some time during their lives although the highest incidence is in the late teens and early twenties.

Treatment

Treatment involves a number of different approaches. Ideally it is most effective when given in the early stages of the illness. Some form of medication is essential for most people; however, this should be given in combination with education about the disorder, emotional support and help with learning how to manage any continuing symptoms. There is now growing evidence that certain talking therapies such as Cognitive Behaviour Therapy for Psychosis (CBTp) can have an important role in dealing with early stage schizophrenia. Family interventions such as Behavioural Family Therapy can be effective in helping to reduce relapse and hospitalisation rates.

Support

Shine is the main support for persons with schizophrenia.



NOTE 3 - List of Support Organisations and other Relevant Agencies

Alcoholics Anonymous (AA)

AA provides an extensive list of meetings where people affected by alcohol addiction find strength and hope by sharing their experiences.

website: www.alcoholicsanonymous.ie

Al-Anon and Alateen

Al-Anon helps families and friends of alcoholics recover from the effects of living with the problem drinking of a relative or friend in an anonymous environment. The only requirement for membership is that a relative or friend has a problem with alcoholism. Alateen is part of the Al-Anon fellowship and is for young people, aged 12-17 years old inclusive, who are affected by a problem drinker.

Al-Anon Information Centre (incorporating Alateen):
Room 5. 5 Capel Street, Dublin, opening hours, 10.30 am to 2.30pm Monday - Friday.

website: www.al-anon-ireland.org

email: info@al-anon-ireland.org

Tel: (01) 873 2699;

ANEW

Able and New Women (ANEW) is a support organisation for women with alcohol related problems. The programme is based on 10 positive choices, challenging women to grow and lead healthy and fruitful lives without the use of alcohol.

Tel: 086 102 4743

Aware

Aware provides a nationwide network of support groups for people who experience depressive and bipolar illness. You can also email Aware for support. Limited support groups for family and friends are available. The **free** support line operates from 10.00am to 10.00pm. Full details of all services are available on their website.

website: www.aware.ie

email: wecanhelp@aware.ie

Free Phone 10.00am to 7.00pm 1800 80 48 48

Bodywhys

Bodywhys provides a network of supports for those affected by eating disorders. You can access an online support group through the Bodywhys website. Support groups are also available for family and friends who may need them. The local helpline runs seven days per week.

website: www.bodywhys.ie

email: info@bodywhys.ie

Helpline, seven days a week: 1890 20 04 44.

Citizens' Information

This website, provided by the Citizens' Information Board, gives information on public services and entitlements in Ireland.

website: www.citizensinformation.ie

Tel: 0761 07 4000 Monday - Friday, 9.00am to 8.00pm

Family Carers Ireland

Ireland's national voluntary organisation for, and of, family carers in the home.

website: www.carersireland.com

email: info@carersireland.com

Tel: 1800 240724.

Gamblers Anonymous

Gamblers Anonymous (GA) is a fellowship of men and women who share their experiences, strengths and hopes with each other. They aim to solve their common problem and help others to recover from a gambling problem. The only requirement for membership is a desire to stop gambling. Gamblers Anonymous, Room 20, Carmichael House, North Brunswick Street, Dublin 7

website: www.gamblersanonymous.ie

email: info@gamblersanonymous.ie

Tel: (01) 872 1133 (have a pen handy as the machine may give you a contact number when the office is unattended)

Gambling problems: Gam-Anon

Gam-Anon is a fellowship of men and women who are husbands, wives, relatives or close friends who have been affected by the gambling problem.

website: www.gamblersanonymous.ie/gamanon/gamanon_meetings.html 25

GROW

GROW is a mental health organisation that helps people who have suffered, or are suffering, from mental health problems. Members are helped to recover from all forms of mental breakdown, or to prevent them happening. They have a number of regional offices and a Lo-call helpline and you can also contact them by email. Details of all services are available on their website.

website: www.grow.ie

email: info@grow.ie

Tel: 1890 47 44 74

LifeRing

LifeRing is a network of support groups for people who want to live free of alcohol and other addictive drugs. Information about meetings and support groups can be found on their website.

website: www.lifering.org

Money Advice and Budgeting Service (MABS)

The Money Advice and Budgeting Service is the State's money advice service, guiding people through dealing with problem debt. A face-to-face service is available in more than 65 locations nationwide.

website: www.mabs.ie

Helpline, Monday-Friday, 9.00am to 8.00pm: 0761 07 20 00

www.yourmentalhealth.ie

This is a webpage to learn about mental health in Ireland and how to support yourself and the people you love.

National Counselling Service

The HSE National Counselling Service (NCS) is a professional, confidential counselling and psychotherapy service available free of charge in all HSE regions. Its clients are adults who have experienced trauma and abuse in childhood with priority given to adult survivors of institutional abuse in Ireland. Full details of the location of services are available on the website www.hse.ie/eng/services/list/4/Mental_Health_Services/Nation-al_Counselling_Service/

Tel: 1800 47 74 77 Wednesday to Sunday 6.00pm to 10.00pm

Nurture

Nurture is an Irish charity offering timely and affordable professional counselling and supports. Their services are around pregnancy and childbirth mental health illnesses and emotional wellbeing. They offer the service to women, their partners and families in Ireland.

The charity's philosophy is one of listening and supporting individuals and families through: Counselling / Support groups / WRAP (Wellness, Recovery, Action, Plan) Programme Training / Education. All counselling, support groups and programmes are subsidised by Nurture to make them affordable to everyone.

website: www.nurturepnd.org

email: admin@nurturepnd.org

OCD Ireland

OCD Ireland provides support groups for people who are affected by OCD, body dysmorphic disorder (poor body self-image) and trichotillomania (continuing and obsessive hair pulling). Carer groups are also held. Full details of all services are available on their website.

website: www.o.cd.ireland.org

email: info@ocdireland.org



NOTE 4 Peer Advocacy in Mental Health

NOTE 5 Confidentiality and Information Sharing Consent Form

Pieta House

Pieta House, the centre for the prevention of self-harm or suicide, provides support for those who are feeling suicidal or engaging in self-harm in various locations throughout Ireland.

website: www.pieta.ie

email: mary@pieta.ie

Tel: (01) 628 2111 27

Recovery

A self-help, after-care organisation founded in Chicago Illinois in 1937, by Dr Abraham A Low. It offers The Recovery Method of Will Training for improved mental health and for control of nervous symptoms. There are a number of meeting locations throughout Ireland.

website: www.recovery-inc-ireland.ie/

email: info@recovery-inc-ireland.ie

Tel: (01) 626 0775

Shine

Shine (formerly Schizophrenia Ireland) provides support, advocacy services and counselling services for people affected by mental health difficulties. This includes family and friends. The information line provides general information, a listening ear and specific information about Shine services.

website: www.shine.ie

email support: phil@shine.ie

Samaritans

Samaritans provide a listening ear 24 hours a day every day of the year. This is confidential, non-judgmental, emotional support by phone, email, letter and online. The Samaritans also provide face-to-face support at their local branches.

website: www.samaritans.org

Free Phone: 24 hours: 116123



NOTE 4 - Peer Advocacy in Mental Health

What is peer advocacy in mental health?

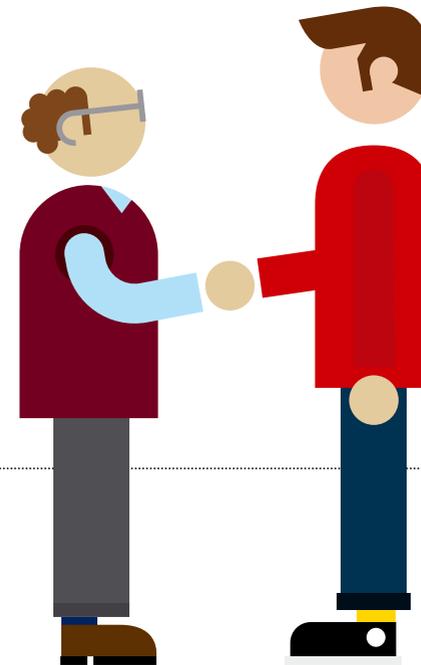
Peer Advocacy in Mental Health is...

- Making information accessible
- Providing and discussing options
- Facilitating decision-making by the individual
- Supporting mental health service users to be heard and ensuring that what they say influences the decisions of service providers
- Promoting self-advocacy through empowerment
- Ensuring that service users are active and informed participants in their treatment and care
- An advocacy service provided to people with mental health difficulties by people who have experienced similar difficulties themselves.

Peer Advocacy in Mental Health has emerged as an important tool for people with mental health difficulties because...

- Peer Advocacy builds up trust as the peer relationship is founded on equality and hence no power imbalance between advocate and client
- Peer advocacy is based on empathy - Often it can be easier to talk to a peer because of the shared experience and common understanding
- Peer advocacy is person centred - It is truly client focused and led as a peer advocate can only act on the wishes of the client
- Peer Advocacy empowers as it helps people build/rebuild their well-being, self-esteem and confidence and allows them to take back control of their own life
- Peer Advocacy challenges the discrimination and stigma attached to “mental illness”

- A Peer Advocate is a good role model for someone who is experiencing mental health difficulties as a peer advocate can offer hope that things can get better and clients who see a peer well and able may be encouraged in their own recovery
- A Peer Advocate is an example for others that recovery is possible.⁶



Source: ⁶ Adapted from Irish Advocacy Network



NOTE 5 - Confidentiality and Information Sharing Consent Form

I _____ (full name)

Give consent for (for example, GP, Psychiatrist, Other doctor, Registered Psychiatric Nurse (RPN), Social Worker, Occupational Therapist (OT))

To share information with (full name): _____

About the following areas of my care and treatment:

My diagnosis and symptoms _____

My medication (dose and how it is taken) _____

Other treatment _____

My care plan _____

Discharge plans _____

Other _____

They are my (for example, my mother, brother) _____

Their address: _____

Their telephone number: _____

Consent valid until: _____

Signed _____ Date _____

Mental Health Engagement Office

(Working with People who use
Mental Health Services, their Family
Members, Carers and Supporters)

HSE, St Loman's Hospital,
Palmerstown, Dublin 20.
D20 HK69

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