

# Independent Patient Rights Advisers

## Service Model Guidelines



## Independent Patient Rights Advisers Service Model Guidelines

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<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/2016/topics/patient-rights>

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# 1 Purpose

These guidelines provide an overview of the purpose and functions of the Independent Patient Rights Advisers (IPRAs) service model within Queensland Health.

It is a requirement under the *Mental Health Act 2016* (the Act) for Hospital and Health Services (HHS) to appoint IPRAs to advise persons and their nominated support persons, family, carers and other support persons of their rights under the Act.

## 2 Background

### 2.1 Mental Health Act 2016

The Act was passed by Parliament on 18 February 2016.

The main objects of the Act are:

- to improve and maintain the health and wellbeing of persons who have a mental illness who do not have the capacity to consent to be treated
- to enable persons to be diverted from the criminal justice system if found to have been of unsound mind at the time of committing an unlawful act or to be unfit for trial, and
- to protect the community if persons diverted from the criminal justice system may be at risk of harming others.

The Act provides a legislative framework for the treatment and care of persons with a mental illness. Where persons do not have the capacity to consent to treatment, the Act contains extensive safeguards for the treatment and care of persons, including provisions which ensure the protection of person's rights.

### 2.2 Independent Patient Rights Advisers

The IPRAs play a very important role in liaising between patients, family, carers, support persons and clinical teams.

IPRAs may be either an employee of an entity that a HHS has engaged to provide services, such as a non-government organisation, or an employee of the HHS, but not employed in the HHS mental health service. This reinforces the independence of the positions.

While IPRAs play a key role in advising persons of their rights under the Act, this does not affect or remove the obligations of other persons exercising functions under the Act, such as authorised doctors or authorised mental health practitioners, to advise persons of their rights.

### 2.3 Chief Psychiatrist Independent Patient Rights Adviser Policy

The Chief Psychiatrist must develop a range of policies to assist with the management of the Act, including the *Chief Psychiatrist Independent Patient Rights Adviser Policy*. Authorised mental health services must comply with the policies developed by the Chief Psychiatrist.

This policy outlines the relevant provisions of the Act regarding the appointment and functions of IPRA's. The policy also includes the expectation of IPRA's keeping records, communication of information, disclosure and accessing records and notes, the statewide coordinator role and the management of complaints.

## 2.4 The Universal Declaration of Human Rights

The Universal Declaration of Human Rights (UDHR) is a milestone document in the history of human rights. The UDHR recognises 'the inherent dignity of all members of the human family is the foundation of freedom, justice and peace in the world'. It declares that human rights are universal – to be enjoyed by all persons, no matter who they are or where they live.

The UDHR includes civil and political rights, like the right to life, liberty, free speech and privacy. It also includes economic, social and cultural rights, like the right to social security, health and education.

## 2.5 Convention of the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities (CRPD) is an international human rights treaty of the United Nations intended to protect the rights and dignity of persons with disabilities.

Australia ratified the CRPD on 17 July 2008 with the aim to promote and protect the rights of persons with disabilities. The CRPD doesn't define 'disability' or 'a person with disabilities', but Article 1 states that 'persons with disabilities' includes 'those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.

Advocating human rights is fundamental to supporting the recovery of vulnerable person living with mental illness and mental health issues.

The Act achieves its main objective (as above) in a way that:

- safeguards the rights of persons; and
- is the least restrictive of the rights and liberties of a person with a mental illness; and
- promotes, the recovery of a person who has a mental illness, and the persons ability to live in the community, without the need for involuntary treatment and care.

The Act also highlights the principles of human rights and identifies the rights for patients, family, carers and support persons.

# 3 Service Delivery Guidelines

## 3.1 Target group

The IPRA's assist patients receiving treatment and care provided by Queensland Health mental health services. The target group also includes the patients nominated support persons, family, carers and other support persons.

## 3.2 Functions of the Independent Patient Rights Advisers

The functions of IPRAs under the Act:

- (a) ensure that a patient, and the patient's nominated support persons, family, carers and other support persons are advised of their rights and responsibilities under this Act
- (b) help the patient, and the patient's nominated support persons, family, carers and other support persons to communicate to health practitioners the patient's views, wishes and preferences about the patient's treatment and care
- (c) work cooperatively with community visitors performing functions under the *Public Guardian Act 2014*
- (d) consult with authorised mental health practitioners, authorised doctors, administrators of authorised mental health service, and the Chief Psychiatrist on the rights of patients under this Act, the *Guardianship and Administration Act 2000*, the *Powers of Attorney Act 1998* and other laws
- (e) in relation to tribunal hearings—
  - advise the patient, and the patient's nominated support persons, family, carers and other support persons of the patient's rights at the hearings
  - if requested, help the patient engage a representative for the hearings
  - identify whether the patient has a personal guardian or attorney and, if the patient has a personal guardian or attorney, work cooperatively with the personal guardian or attorney to further the patient's interests
- (f) if appropriate, advise the patient of the benefits of an advance health directive (AHD) or enduring power of attorney (EPA) for a personal matter.

IPRAs must act independently and impartially, and they are not subject to the direction of any person in relation to the advice given to a patient or a patient's nominated support persons, family, carers or other support persons.

## 3.3 Principles for administration of the Act

- The same basic human rights must be recognised and taken into account, including the right to respect and dignity as an individual.
- A person is presumed to have capacity to make decisions about their life, treatment and care.
- To the greatest extent practicable, is to be encouraged to take part in decisions and to have their views, wishes and preferences taken into account.
- Family, carers and other support persons are to be involved in decisions about a person's treatment and care to the greatest extent practicable, subject to the person's right to privacy.
- A person is to be provided with the necessary support and information to enable them to exercise their rights under the Act.
- A person is to be helped to achieve their maximum physical, social, psychological and emotional potential, quality of life and self-reliance.

- A person's age-related, gender-related, religious, communication and other special needs (including a hearing, visual or speech impairment) must be recognised and taken into account.
- The unique cultural, communication and other needs of Aboriginal persons and Torres Strait Islanders must be recognised and taken into account. This includes providing culturally appropriate treatment and care and assistance from interpreters.
- The unique cultural, communication and other needs of persons from culturally and linguistically diverse backgrounds must be recognised and taken into account. This includes providing culturally appropriate services and assistance from interpreters.
- A minor receiving treatment and care must have their best interests recognised, protected and promoted. For example, by receiving treatment and care separately from adults wherever possible.
- The importance of a person's continued participation in community life and the maintenance of existing supportive relationships must be taken into account. For example, by providing treatment in the community in which the person lives.
- The importance of recovery-oriented services and the reduction of stigma associated with mental illness must be recognised and taken into account.
- Treatment and care to a person with a mental illness must be appropriate to promote and maintain the person's health and wellbeing.
- A person's right to privacy and confidentiality must be recognised and taken into account.

### 3.4 Patient<sup>1</sup>

In this Guideline, a 'patient' means:

- an involuntary patient under the Act, or
- a person receiving treatment and care for a mental illness provided in an authorised mental health service, other than as an involuntary patient, including a person receiving treatment and care under an advance health directive or with the consent of a personal guardian or attorney.

An involuntary patient under the Act is a person subject to any of the following:

- an examination authority
- a recommendation for assessment
- a treatment authority
- a forensic order
- a treatment support order, or
- a judicial order.

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<sup>1</sup> *The term patient and person/s will be utilised within this document to be consistent with the Act.*

An involuntary patient also includes:

- a person detained in an authorised mental health service or public sector health service facility while a recommendation for assessment is being made for the person, and
- a person who is absent without permission from another State who is transported and detained in an authorised mental health service under an interstate warrant of apprehension.

### 3.5 Family and carer

A family member can be any family member and can include relationships through marriage as well as de facto, written law or natural relationships. These are:

- a spouse or de facto partner
- a child
- a step child
- a parent
- a step parent
- a foster parent
- a sibling
- a grandparent
- an aunt or uncle
- a niece or nephew, and
- a cousin.

If the person is of Aboriginal or Torres Strait Islander descent, from Culturally and Linguistically Diverse background — any person regarded under the customary law, tradition or kinship of his or her community as equivalent to the persons listed above.

A carer is a person who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks. This includes family members who may not identify as carers.

### 3.6 Nominated Support Persons

A person's family, carers and other support persons, including nominated support persons, play a crucial role in supporting them when they are unwell, and throughout all stages of treatment, care and recovery.

Family members, carers or other support persons can be appointed as a nominated support person. Nominated support persons are recognised in the Act and are afforded a number of important rights.

A nominated support person is the person appointed, by written notice, as the nominated support person by the appointing person. The appointing person appointing the nominated support person has to have capacity to make the appointment. There is a requirement the



appointed nominated support person details are to be kept within the Queensland Health records system (CIMHA).

A nominated support person can:

- receive notices for the appointing person under this Act;
- receive confidential information, under the *Hospital and Health Boards Act 2011*, relating to the appointing person
- request a psychiatrist report
- act as the appointing person's support person in the Mental Health Review Tribunal; or
- represent the appointing person in the tribunal.

### 3.7 Guardian

A guardian is a person appointed by Queensland Civil and Administrative Tribunal (QCAT) to assist adults with impaired decision-making capacity by making certain personal and health care decisions on their behalf. This makes sure that the adult's needs are met and their interests are protected.

Generally, guardians (as per the *Guardianship and Administration Act 2000*) can be given the authority to make decisions on behalf of the person such as:

- where they live
- what support services they receive
- with whom they have contact or visits
- general health care matters
- certain containment, seclusion restrictive practices
- restricting access to objects, and
- other day-to-day issues.

Guardians are not permitted to make decisions about:

- financial or property matters unless they have also been appointed as the adult's administrator or as attorney for financial matters under an enduring power of attorney
- special health care (e.g. electroconvulsive therapy) matters including sterilisation or tissue donation, or
- special personal matters including making or revoking a will or consenting to marriage or relinquishing a child for adoption.

If an adult can communicate their views and wishes, guardians should take these into account when making any decisions.

## 3.8 Minors

To the greatest extent practicable, a minor (individuals under the age of 18) receiving treatment and care must have their best interests recognised and promoted, including receiving treatment and care separately from adults and having the minor's specific needs, wellbeing and safety recognised and protected.

The Act has a range of obligations that must be met in regard to minors receiving treatment and care within an authorised mental health service, including written notice to the public guardian within 72 hours of a minor being admitted to adult mental facilities.

The IPRAs will need to work collaboratively with the Department of Communities, Child Safety and Disabilities Services (the Department) with those minors that are under the care and guardianship of the department. The "Charter of rights for a child in care", within the *Queensland Child Protection Act 1999*, recognises the rights of minors receiving support and care from the department.

## 3.9 Rights information

A person under the Act is to be provided with necessary support and information to enable them to exercise their rights including:

- the right of a patient to be visited by the patient's nominated support persons, family, carers and other support persons
- the right of a patient to be visited by a health practitioner, and legal or other advisers, and to communicate with other persons
- the right of a patient to be given oral explanations of their treatment and care
- the giving of written notices to a patient's nominated support persons, family, carers and other support persons
- the right for a second opinion to be obtained about a patient treatment and care
- the roles and responsibilities of a patient's nominated support persons, family, carers and other support persons when supporting the persons treatment and care, and
- the appointment and functions of IPRAs.

The HHS will inform the person of their rights (including the statement of rights) and, where appropriate, make the referral to the IPRAs.

## 3.10 Referral processes

It is recommended that the HHS and the local stakeholders establish a forum for regular discussions to operationalise and oversight the governance of IPRAs.

The HHS will develop agreed processes to streamline operation of IPRAs as below:

- sources of referral
- timeliness of referrals
- referral pathways

- prioritisation of referrals
- persons declining assistance; and
- review and cessation of assistance.

In the instance of a number of referrals being made when the IPRA only has capacity to provide a limited amount of support – the prioritisation is made on a case by case situation in collaboration with relevant stakeholders.

### 3.11 Assessment and prioritisation

The IPRA will need to prioritise their interaction with persons, having regard to the needs and circumstances of each person, including:

- the persons mental and physical health
- the persons ability to engage in the process
- the persons treatment and care which may impact on their participation and consent
- the persons social circumstances, including, family and social support,
- whether the person is a newly-admitted patient, involuntary or voluntary patient, inpatient or community-based patient, and
- information about the person received from clinicians and nominated support persons, family, carers and other support persons.

The IPRA will also need to prioritise the provision of advice to nominated support persons, family, carers and other support persons, having regard to the needs and circumstances of the support person and the person receiving care.

A person receiving Queensland Health mental health treatment can at any time request to speak to an IPRA.

### 3.12 Duration and level of support

The duration and level of support will vary depending on each persons need and support will be provided in a flexible, timely and responsive manner in accordance with the principles of the Act.

### 3.13 Cessation of services

As persons cease receiving assistance and the provision of support provided by the IPRA is no longer required, the IPRA's capacity to accept new referrals will naturally increase. In keeping with collaborative practices, the IPRA will provide information regarding capacity to accept referrals.

The IPRA will document the cessation of services of each person they assist.

### 3.14 Hours of operation

The IPRA deliver services Monday to Friday between 7am and 5pm, the hours of operation will depend on local HHS needs and practices.

On occasions the IPRA's may be required to provide urgent advice outside the normal operational hours, if the HHS is of the opinion the advice cannot wait until the designated hours of service delivery.

### 3.15 Complaints

The *Chief Psychiatrist Management of Complaints about Treatment and Care of Patients Policy* outlines how complaints received by an authorised mental health service, about the treatment and care of patients, are to be managed. Authorised mental health services must comply with this policy as stated in the Act.

HHS are required to have complaints procedures that:

- meet the complaints management requirements stipulated by the Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards
- provide easily accessible, responsive and fair complaints procedure for consumers
- achieve timely and satisfactory outcome to consumer complaints for both the consumer and the HHS, and
- comply with the *Health Ombudsman Act 2013*.

### 3.16 Staff Training

The IPRA's will be provided continuing educational opportunities, mandatory training, line management and other support mechanisms to ensure they are competent and able to provide high quality services. All training will be based on best practice principles, linked with the IPRA's functions and patient rights within the Act, aligned to the Universal Declaration of Human Rights and underpinned by the *National Mental Health Recovery Framework 2013*.

Training should include, but not be limited to:

- relevant legislation including the *Queensland Mental Health Act 2016*, *Hospital and Health Boards Act 2011*
- recovery training / recovery oriented practice
- Code of Conduct for the Queensland Public Service
- consumer rights
- complaints mechanisms
- suicide prevention
- occupation violence prevention
- Cultural Capability training; and
- Trauma Informed Care training.

In house training / education will reflect best practice that meets local demands, challenges and needs, with consideration given to further improving skills and knowledge in team work, communication, documentation, electronic record keeping and the services being delivered.

### 3.17 Line Manager

Each IPRA will have a designated line manager to provide management support and operational oversight. Line managers will oversee the ongoing governance of the position and ensure the position remains independent to the authorised mental health service.

The line manager will oversee the IPRA's in a way that allows the rights advisers to perform their functions objectively and impartially. The line manager will manage performance issues, ensure the IPRA's provide services within the scope of the role and have access to professional development.

### 3.18 Privacy and confidentiality

HHS staff are bound by the strict confidentiality obligations of the *Hospital and Health Boards Act 2011 (Section 63)* even when no longer an employee of Queensland Health. In addition, the *Information Privacy Act 2009* confers privacy rights on patients, visitors and staff.

The *Information Privacy Act 2009* sets up complaint procedures for patients, visitors and staff who believe that private or confidential information about them has been unlawfully disclosed to a third party. A complaint may ultimately be heard by the Queensland Civil and Administrative Tribunal.

A person's family, carers and other support persons can receive information about the person under the following provisions of the *Hospital and Health Boards Act 2011*:

- section 144, which provides for the disclosure of information with consent
- section 145, which provides for the disclosure of confidential information for the care and treatment of the person, and
- section 146, which provides for the disclosure of information to a person who has sufficient interest in the health and welfare of the person.

There is an expectation each HHS maintains written policies and procedures regarding confidentiality, privacy and consent to share information. A breach of confidentiality or privacy by a staff member may amount to official misconduct and suspected or reported breaches of privacy or confidentiality will be assessed locally and may be reported to the Crime and Misconduct Commission. All staff have a duty to report suspected official misconduct.

Persons receiving care, family, carers and support persons can access the HHS policies and procedures that protect individual's privacy and confidentiality.

### 3.19 Information exchange and escalation of issues

Transfer of information is required between the IPRA's and relevant stakeholders. There is an expectation all communication encounters are provided in a way that ensures all the required information is transferred and understood.

Escalation of emergent issues that put the person (and / or others) at risk should be dealt with in a timely manner, with the appropriate personnel. All staff are mandated to escalate their concerns when there is a sincere belief that a person/s safety is compromised.

## 3.20 Workforce

The employment and governance structure of the IPRA's will vary across each HHS. It is a priority for each HHS to ensure sufficient workforce to meet the needs of the population, provide a high quality and culturally capable services.

The IPRA's report to their local line manager and up through their local HHS governance structure. The IPRA's also continue to have the support from the Statewide Coordinator within the Office of Chief Psychiatrist (Mental Health Alcohol and Other Drugs Branch).

The Statewide Coordinator is responsible for overseeing the ongoing development and monitoring of the IPRA's across the state and working collaboratively with HHS to ensure a consistent and standardised approach to the delivery of services. The Statewide Coordinator does not have the line management responsibility of the IPRA's.

## 3.21 Aboriginal and Torres Strait and Culturally and Linguistically Diverse communities

The IPRA's are expected to ensure that they adopt and apply non-discriminatory entry criteria with respect to age, gender, race, culture and religion.

The IPRA's will deliver services in a way that recognises and is consistent with Aboriginal tradition or Island custom, mental health and social and emotional wellbeing, and are culturally appropriate and respectful. Services will also be delivered to culturally and linguistically diverse groups in a way that respects the persons cultural, religious and spiritual beliefs and practices.

The HHS will ensure that policies and procedures are non-discriminatory and are available in accessible formats to persons who use the service.

## 3.22 Output Measures

It is expected that HHS will report against output measures. An output measure is the quantity of service activities provided by the IPRA's (e.g. number of direct service hours, numbers of persons supported, and number of activities delivered). Output based reporting will be used to evaluate demand, program development and inform planning for future service delivery.

The IPRA's will comply with approved statewide and HHS business rules governing collection of data, record keeping and documentation, in accordance with legislative requirements.

## 3.23 Recordkeeping

The HHS must keep records of whenever a person/s has been seen, or not seen, by the IPRA's.

IPRA's must also keep a detailed record of interactions, including:

- date, time, duration and location of interaction
- nature of interaction (e.g. face-to-face, group, audio-visual)
- other persons present (e.g. nominated support persons, family, carers or other support persons)
- whether an interpreter was required and provided

- for inpatients - how long after admission the person was seen
- concerns raised by the person about their rights or their treatment and care, and whether further action is required, and
- file notes, including where follow up action is required will be clearly documented.

### 3.24 File notes

The IPRA's must keep a detailed record of interactions, as per the *Chief Psychiatrist Independent Patient Rights Advisers Policy*.

The IPRA's file notes and records must be accessible for the proper management of complaints about treatment and care in accordance with established HHS procedures. These file notes are to be accessible by other IPRA's operating within the HHS, or if a person is being treated in another HHS, by the IPRA's working in that HHS.

The Chief Psychiatrist and the Statewide Coordinator may request access to the IPRA's file notes at any time, for example, to investigate a serious complaint in relation to persons rights. File notes are legal documents and can be subpoenaed at any time and staff can be cross-examined in a court regarding the contents of file notes.

An authorised mental health service administrator may also request access to IPRA's file notes at any time, for example, if a person is absent from an authorised mental health service and there are concerns about the persons health and well-being.

## 4 Supporting Frameworks

### 4.1 Recovery-oriented service provision

The IPRA's recognise the lived experience and insights of persons with mental health issues and their families. The concept of recovery was conceived by, and for, persons living with mental health issues to describe their own experiences and journeys and to affirm personal identity beyond the constraints of their diagnoses.

Values that support recovery include:

- hope
- uniqueness of the individual
- active sense of self including personal responsibility
- discovery
- personal resource base and natural networks, and
- citizenship and community membership.

The types of support identified as helpful to the recovery journey underpin and guide the implementation of recovery-oriented service provision. Such themes articulated by persons with a lived experience of a mental illness include opportunities to exercise citizenship rights, reclaim ones life outside the parameters of a diagnosis of mental illness and attain meaningful social connectedness.

## 4.2 Value Based Practice

Values based practice is a clinical skills-based approach to working with complex and conflicting values in healthcare. It is a twin framework to evidence based practice.

Evidence based practice is vital to bringing the clinician's focus onto the most likely diagnostic and treatment possibilities; values-based practice is vital to matching those possibilities with the particular circumstances presented by this particular person in this particular situation.

In order to work from a value based perspective the IPRA's need to consider the decisions they are making, leaving personal values to one side to engage with the person. The relevant skills include:

**Awareness** – bringing to awareness the values that are influencing decisions. Reflecting in the moment to consider decisions through questions such as: Whose values are influencing decisions at this time? Whose values are being given priority? What are the values that are important to the person at this time?

**Reasoning** – how informed is the reasoning? Is the reasoning emotionally driven or is it derived from a place of understanding? Are judgements and inferences being used without truly being informed?

**Knowledge** – how inclusive is the knowledge base? Is there other information that may assist? Is the knowledge base being influenced by personal values, organisational values or professional values?

**Communication** – Is the communication inclusive, sensitive, respectful and informed according to the persons identified needs at this time?

## 4.3 Collaborative practice

The IPRA's will establish and maintain effective working relationships to ensure that relevant stakeholders receive a high standard of service provision. IPRA's will work collaboratively to ensure that:

- partnerships with community providers and the local mental health services are established and maintained
- regular discussion and review of strategies are undertaken to ensure that referral and prioritisation processes are effectively managed by working in partnership with the local mental health services and relevant stakeholders
- a holistic approach to service delivery is fully implemented
- there is consistency of service within and across sectors, organisations and initiatives providing supports, and
- services are provided in a seamless manner.

## 4.4 Self-determined approach

Self-determination refers to the right of individuals to have full control over their own lives, regardless of the presence of a mental illness or disability. It encompasses concepts such as



free will, civil and human rights, freedom of choice, independence, personal agency, self-direction and individual responsibility.

A self-determined approach is central to recovery planning and persons accessing support will make decisions concerning their health and wellbeing and will have meaningful leadership roles in the design, delivery and evaluation of services they receive.

## 4.5 Valued roles of family, partners and friends

A person's family, carers and other support persons play a crucial role in supporting persons when they are unwell, and throughout all stages of treatment, care and recovery. Support persons are recognised throughout the Act and are afforded a number of important rights and responsibilities.

It is acknowledged that many families and significant others (partners/spouses) undertake a vital role in the lives of persons accessing the initiative. It is also acknowledged that many family members and significant others are placed under significant strain in carrying out these roles and sometimes these relationships can become fractured.

To the greatest extent practicable, family, carers and other support persons of a person with a mental illness are to be involved in decisions about the person's treatment and care, subject to the person's right to privacy.

The IPRA's will collaborate, with the person's consent, with their formal and informal supporters to develop a shared understanding of a person's needs and aspirations.

## 5 Monitoring, review, evaluation

### 5.1 Monitoring an review

The HHS will monitor service delivery performance and provide this information to the Mental Health Alcohol and Other Drugs Branch.

To help ensure continuous improvement in the delivery of IPRA services, and to enhance persons outcomes, the IPRA's must produce a report of common concerns raised by persons or nominated support persons, family, carers and other support persons in relation to mental health rights issues. This information is to be provided to the local HHS and the Statewide Coordinator.

### 5.2 Evaluation

Evaluation for this initiative will be linked to the broader strategy currently being developed to evaluate the *Mental Health Alcohol and Other Drugs Services Plan 2016-21*.

Queensland Health will actively participate in the external evaluation of the initiative (external evaluator yet to be defined).

In addition, the service agreement between the Department of Health and the HHS identifies the performance expectations of the delivery of services which will inform an annual compilation of information. This information will be utilised in the ongoing development of the IPRA's role.

## Glossary of Terms

AHD	Advance Health Directive
CIMHA	Consumer Integrated Mental Health Application (records system)
CRPD	Convention on the Rights of Persons with Disabilities
EPA	Enduring Power of Attorney
HHS	Hospital and Health Services
IPRA	Independent Patient Rights Adviser
QCAT	Queensland Civil and Administrative Tribunal
the Act	Mental Health Act 2016
the Department	Department of Communities, Child Safety and Disabilities Services
UDHR	Universal Declaration of Human Rights

## Referenced Documents & Sources

<a href="#"><u>Chief Psychiatrist Independent Patient Rights Adviser Policy</u></a>
<a href="#"><u>Chief Psychiatrist Management of Complaints about Treatment and Care of Patients Policy</u></a>
<a href="#"><u>Convention on the Rights of Persons with Disabilities</u></a>
<a href="#"><u>Guardianship and Administration Act 2000</u></a>
<a href="#"><u>Health Ombudsman Act 2013</u></a>
<a href="#"><u>Hospital and Health Boards Act 2011</u></a>
<a href="#"><u>Information Privacy Act 2009</u></a>
<a href="#"><u>Mental Health Act 2016</u></a>
<a href="#"><u>Mental Health Alcohol and Other Drugs Services Plan 2016-2021: Connecting care to recovery</u></a>
<a href="#"><u>National Mental Health Recovery Framework 2013</u></a>
<a href="#"><u>Powers of Attorney Act 1998</u></a>
<a href="#"><u>Public Guardian Act 2014</u></a>
<a href="#"><u>Queensland Child Protection Act 1999</u></a>