

**HORNSBY KU-RING-GAI MENTAL
HEALTH CONSUMER PARTICIPATION
NETWORK
02 9477 9705**

**THE FUDGES
PROJECT**

**OPERATIONS
MANUAL**

**FOLLOW UP DISCHARGE GENERAL
ENQUIRY SUPPORT**

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OVERVIEW

The first few weeks following discharge from a hospital stay can be very difficult and stressful

- Coping at home is different to having things done for you while you are in hospital eg cooking, cleaning, shopping.
- At home you may be on your own – sometimes with no one to talk to.
- Sometimes it is harder to get up and going when you are at home.
- It can be difficult to resume activities you were doing before you went to hospital.

Because of this trained and experienced advocates offer to help and support those who have been in hospital by keeping in phone contact once or twice weekly following their discharge. Some may choose to have only a few calls, yet others request the calls to continue for many more weeks. The consumer decides when the calls are ceased or if they wish them to continue beyond the initial 4 -6 weeks.

The phone calls are to provide social contact which may include providing reassurance, understanding and support for consumers – and are to be non-clinical in nature. It is hoped that the consumers will have met the Advocates calling during their stay in the inpatient unit – so that the caller will be known to the consumers.

The Advocates will only contact those who have provided written consent to participate in the project.

We are offering social support post discharge – not clinical advice.

Advocates are requested to provide the call back number from where the calls originate. So that if the participants wish to ring back at another time or if they have missed a call or just want a chat they can. Equally important is providing the 24/7 phone number for use in an emergency or crisis situation.

When public holidays occur such as at Easter and Christmas specific arrangements will be made to provide support.

PRIVACY & CONFIDENTIALITY

All people working within the public Health System are bound by the NSW Health Code of Conduct. As a result, any one who works within the Health system, even in a voluntary capacity is expected to ensure that they keep all information that they may obtain or have access to, in the course of their work, private and confidential.

We all have a right to Privacy and usually choose quite carefully what we tell others about our private lives. However, when people are unwell, or feeling vulnerable, they may disclose information about themselves that they would not normally discuss.

It is possible you will be told quite personal information by the consumers you contact in the course of the work you undertake as part of the FUDGES project. It is important that their right to Privacy is respected at all times

Briefly the following guidelines must be followed:

- You must not discuss the content of your phone calls with any person unless
 - You are seeking supervision about an aspect of your phone call
 - You are referring the person with whom you have been speaking for follow-up by their case manager or the Acute Care Team
- You must not discuss your phone calls (even in a general way) with members of the public. They may be able to identify individuals even though you believe you have removed the identifying information
- Any notes you may write relating to your phone call must be destroyed at the end of the call
- Any information written on the Statistics Form must be given to the Consumer Coordinator for filing

Advocates participating in this project are required to sign that they have read and understand the NSW Health Code of Conduct.

GUIDELINES

- Confidentiality should be maintained.
- Written consent required from the consumers prior to any phone contact.
- Preferred contact time and day to be respected – at this point in time on Mondays and / or Fridays. Further calls may be made if required.
- Initial contact – introduce yourself, explain who you are, why you are calling and ask if this is an OK time to talk.
- If the person you call is not available when you call – if there is an answering machine or another person there leave a general message : “It’s Mary from FUDGES – I will call you this afternoon.”
- Treat with respect even if behaviour seems bizarre to you, Agree to disagree, Respond to feelings rather than words eg. if the person says they are being spied on by terrorists it is not helpful to say that’s stupid and they’re mad. More helpful to say “That sounds very frightening for you.”
- It is OK to use your own experiences about how you coped in a similar situation as long as you remember they are not you, and may see things differently. Respect individual differences.
- Listening skills which may be employed include:
 - ‘minimal encouragers’ (uh uh, Mmmm, Right, Go on)
 - ‘Reflecting’ (restating what they have just said)
 - Paraphrasing (brief summary)

- **Questions: open, closed, How, what, where, when, Could you tell me more about that?**
- **Setting limits and boundaries with the consumers – although you are making a “social” call you are offering a formal intervention and it is inappropriate to establish personal relationships with the consumers.**
- **Keep promises – ring when you say you will – touch base**
- **Show you care and understand**
- **Empathise**
- **Offer understanding and reassurance**
- **Reduce stigma**
- **Provide hope**
- **Follow up on complaints**
- **The time spent on each call could vary from person to person. It is envisaged that calls will take, at most, ten to fifteen minutes. On some occasions a call may take longer.**
- **Tips for finishing a call could include:**
 - **Giving the person a 1 – 2 minute warning that the call is due to finish : “We need to finish in a minute or two as I have some more calls to make, but I’d like to talk to you again next week.”**

- Another way of finishing a call is to summarise the points you have been discussing and finish with “I’ll call you again next week.”

CONTENT OF PHONE CALLS

Depending on the level of wellness and insight of the consumer the advocates responses and discussion can vary

Phone calls may include:

- Encouraging going out
- Giving information about rehab – eg Wahroonga Rehabilitation Service
- Talking through problems
- Being a resource person
 - By providing the names and phone numbers of people who can help
 - By providing a list of phone numbers of who to contact in an emergency.
- Encouraging consumers to write things down – instructions, problems, etc.
- Encouraging questions
- Sharing experiences
- Encouraging the person to keep appointments
- Encouraging them to contact support services for help in dealing with mental illness symptoms.

TIPS

What to do if....

- The person is upset, crying – Remain calm, don't get upset with them – let them talk at their own pace, use phrases such as : “I'm still here.” “Take your time.” “I know it's hard for you because I've been there.”
- The person is rude or angry – Depends whether the anger is directed at you or the system.
 - If anger is with the system, allow them to ventilate, and encourage them to talk about what is wrong and try to help them problem solve.
 - If anger directed at you - ITS NOT OK FOR THE PERSON TO BE RUDE OR OFFENSIVE TO THE CALLER. You could try a 3-stage warning – name the unacceptable behaviour indicating to the consumer that it is unacceptable and allow them to change it, and if they do not, terminate the call.
- The person asks your opinion and says “What would you do if you were me?” The advocate could then say “I can't answer that because I'm not you. Have you thought about trying ...?” “How do you think... ..might work?” “Let's look at some possible options.”
- The person says they don't want to take medication. Ask the person why - they may have run out, lost the script, run out of money or decided that they don't need it any more.

Encourage the taking of medication. Suggest they speak to their case manager, psychiatrist or doctor.

- **The person indicates that they have no food in the house and no way of getting any. Ask the person why – there may be a number of reasons. This should be discussed with the Consumer Co-ordinator and may warrant a referral to the Acute Care Team**
- **The person asks you to visit them at home. Explain that this is a phone service only. If they are seeking more social contacts, remind them that there are services such as Wahroonga Rehabilitation Service. Under no circumstances may you visit a participant in the FUDGES Project, at home**

REFERRALS FOR CLINICAL CARE

Supervision to be provided for the Advocates in the first instance by the Consumer Co-ordinator – who will initially link up with the Acute Care Team Leader. Referral to the Acute Care Team and other sectors of the Mental Health Service is available if necessary, especially if the consumer is considering and / or contemplating self harm, harm to others or expressing suicidal tendencies. It is part of the Advocates “Duty of Care” to disclose this information to mental health service Staff.

If contact is necessary with the Acute Care Team of the Mental Health Service this should be done in the first instance by contacting the ‘Intake’ officer.

On Mondays and Fridays the ACT Team Leader Sonia Riley or the ‘Intake Officer’ should be contacted.

The Acute Care Team can also be contacted through Reception at the Palmerston Building – by finding out who is on roster and call them on the mobile if they are out.

REPORTING – STATS

The following information should be recorded on the reporting table for each person:

- i. Date of call**
- ii. Time of call**
- iii. Duration of call**
- iv. Brief comment**
- v. Confirm date and time of next call**

Cessation of calls must be noted in the comments section

CONSENT FORM

Prior to discharge, Lindsay Madew Unit (LMU) inpatients will be offered social follow up by the advocates via phone contact once or twice a week for the first four to six weeks following discharge. The calls may continue for a longer time period if requested.

If the offer is accepted, a consent form needs to be completed by the patient on the ward, providing name, address and telephone number. The patient then needs to sign and date the form before telephone contact can be made.

Completed forms will be left with the receptionist at LMU to be collected by the advocates.

CONSENT FORM: FUDGES PROJECT

FOLLOW UP DISCHARGE GENERAL ENQUIRY SUPPORT

It is widely understood that the first few weeks following discharge from a hospital stay can be very difficult and stressful.

The Consumer Advocates would like to help and support you by offering to keep in phone contact for the first 4 – 6 weeks following discharge, further calls may be possible if requested.

ARE YOU CONCERNED ABOUT HOW YOU ARE GOING TO COPE WHEN YOU ARE DISCHARGED AND GO HOME?

YES / NO

WHEN YOU ARE DISCHARGED WOULD YOU LIKE A FRIENDLY PHONE CALL FROM US TO TOUCH BASE AND SEE HOW YOU ARE GOING?

YES / NO

DO YOU GIVE PERMISSION FOR THE CONSUMER ADVOCATES TO PHONE YOU WHEN YOU HAVE BEEN DISCHARGED?

YES / NO

IT IS ANTICIPATED THAT CALLS WILL BE MADE BETWEEN 11.00AM AND 1.00PM ON MONDAYS AND FRIDAYS

NAME

ADDRESS.....

TELEPHONE NUMBER

SIGNATURE

DATE

Please return this form to the Consumer Advocates or the receptionist in the Inpatient unit

**“YOU ARE NOT
EXPECTED TO BE
THE FONT OF ALL
WISDOM.”**

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