



# Information for Families, Carers, Kin and Significant Others

*Who support consumers receiving care from the adult mental health services in Metro North Mental Health.*



## What is recovery?

Recovery is about living well with or without the symptoms of mental ill-health. Clinical Recovery (symptom reduction) can help make space for Personal Recovery (personal growth and enriching of life).

Professionals in the mental health sector often refer to the 'recovery model' or recovery-oriented services, to describe this way of thinking.

Putting recovery into action means focusing care on supporting recovery. To build the resilience of, and empower people with, mental ill health, not just treat or manage their symptoms.

There is no single definition of the concept of recovery for people with mental ill health, but the guiding principle is hope – the belief that it is possible for someone to regain a meaningful life, despite mental ill-health.

Recovery is often referred to as a journey of discovery, an outlook, a set of guiding principles. Hope comes and goes for people with mental health challenges. The greatest gift that you can give to the person you care for is to hold hope for them when they can't hold hope for themselves. To convey to them that you believe that they can and will recover.

This consumer information booklet supports a number of National Safety and Quality Health Service Standards including:



Partnering with Consumers - Standard 2 (2.4.1) - Consumers and / or Carers provided feedback on this publication.



Recognising and Responding to Acute Deterioration – Standard 8 (8.7) – Processes for patients, carers or families to directly escalate care.

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For more information, contact:

The Lived Experience (Peer) Workforce, Metro North Mental Health, Metro North Hospital and Health Service  
Phone: (07) 3114 0812

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## Quick Reference Guide

### Who to call in an emergency

Name:

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Phone:

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Ward / Clinic Phone Number:

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### Who else can assist

Mental Health Clinician:

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Phone/Email:

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Treating Doctor / Consultant:

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Phone/Email:

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General Practitioner:

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Phone/Email:

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Access support, information, advice and referral  
24 hours a day

**1300 MH CALL**  
(1300 64 22 55)



One number for 24 hour specialist mental health care

referrals | crisis | support



In an emergency call **000**

24 HOUR / HELPLINE PHONE NUMBERS	
Lifeline	13 11 14
Domestic Violence Hotline (1800 RESPECT)	1800 737 732
Child and Youth Mental Health – Acute Response Team	07 3068 2555
Kids Helpline	1800 551 800
Alcohol and Drug Information Service (ADIS)	1800 177 833
Salvation Army Care Line	1300 371 288
Arafmi Hotline	1300 554 660
Carers Queensland	1300 747 636
Aboriginal & Torres Strait Islander Crisis Line (13YARN)	13 92 76
13 Health - Non urgent medical	(13 43 25 84)

## Introduction – Executive Director

Families, carers and support persons provide invaluable support for consumers who are receiving care from the adult mental health services in Metro North Mental Health (MNMH).

As a family, carer or support person, understanding how to assist your loved one with their mental health can be challenging.

Whether the care you provide is for a brief period of recovery or for a longer time, this booklet will empower you with the knowledge and tools needed to navigate this journey.

We will treat you as a partner in your loved one's treatment and recovery, alongside our treating clinicians, Lived Experience (Peer) workers and other staff.

We also recognise the importance of compassionate and informed support for families, carers, support persons and the individual receiving care.

MNMH also aims to connect consumers, families, carers and support persons with continued support in the community. Please use the contact details provided in this booklet to connect your loved one with these ongoing mental health, alcohol or other drug supports.

Thank you for supporting your loved one through their treatment and recovery journey – we look forward to working alongside you.

Dr Hitesh Joshi  
Executive Director, Metro North Mental Health



## Introduction – Director of Lived Experience

Welcome to Metro North Mental Health (MNMH). As someone with lived experience, we see you, acknowledge you and welcome you as an important partner in your loved one's journey.

You might not call yourself a carer. You might be a parent, a partner, a sibling, a friend, a neighbour or simply someone who shows up during difficult times. Whatever your relationship, if someone in your life is receiving mental health or alcohol and other drug support, this booklet is for you.

Recovery is possible. People do get better and the relationships around them are a significant part of how that happens. The conversations you have, the way you turn up, the fact that you stayed during difficult times, these things carry more weight than you may realise. You don't need a title or a formal role for your presence to matter. We know this because people have told us and because some of the MNMH team carry their own lived experience of being exactly where you are now.

Being part of someone's support network is not without its challenges and we won't pretend otherwise. You may be sitting with uncertainty, unsure of what to say or what not to say. You may be carrying your own grief or fear while trying to hold steady for someone else. You may have needed support yourself, for longer than you have admitted. All of that is real and none of it makes you less of a support, it makes you human.

We acknowledge that you are in this too, that things can and do change and that looking after yourself is not a distraction from supporting the person you care about. What you are doing as a carer is not small and neither is our commitment to you.

Anne Jenkins  
Director of Lived Experience, Metro North Mental Health



## About this booklet

The information in this booklet is especially for families, carers, kin and significant others who support consumers who are receiving care from the adult mental health services in Metro North Mental Health. All the information in this booklet is generic. More specific information on each of the facilities within Metro North Mental Health can be obtained through the contact details below.

This booklet contains many links and references to online electronic information. If you would like to access the links electronically, please contact us via the phone numbers below to request a PDF version of the booklet. Note: The information in this booklet is current as at the date of publication and may be subject to change.

The Metro North Mental Health Lived Experience (Peer) Workforce can provide hard copies of a range of fact sheets and brochures. Please contact us on the following numbers:

### Contact the Metro North Mental Health Lived Experience (Peer) Workforce

- Redcliffe and Caboolture Hospitals: 07 5433 8775
- The Prince Charles Hospital: 07 3139 4561
- Royal Brisbane and Women's Hospital: 07 3646 3886

## Abbreviations

<b>ACT</b>	Acute Care Team
<b>ADIS</b>	Alcohol and Drug Information Service
<b>ADS</b>	Alcohol and Drug Service
<b>CCU</b>	Community Care Unit
<b>CFOS</b>	Community Forensic Outreach Service
<b>CSU</b>	Crisis Stabilisation Unit
<b>EP</b>	Early Psychosis
<b>HADS</b>	Hospital Alcohol Drug Service
<b>HHOT</b>	Homeless Health Outreach Team
<b>HITH</b>	Hospital in the Home
<b>MDT</b>	Multi-Disciplinary Team
<b>MHA</b>	Mental Health Act 2016
<b>MHC</b>	Mental Health Clinician
<b>MHS</b>	Mental Health Service
<b>MIRT</b>	Mobile Intensive Rehabilitation Team
<b>PEC</b>	Psychiatric Emergency Unit
<b>QCAT</b>	Queensland Civil and Administrative Tribunal
<b>RBWH</b>	Royal Brisbane and Women's Hospital
<b>RED CAB</b>	Redcliffe and Caboolture Hospital
<b>SMHRU</b>	Secure Mental Health Rehabilitation Unit
<b>TPCH</b>	The Prince Charles Hospital

## Who is a consumer?

The term consumer is used within the public Mental Health Service to describe the person who is accessing treatment within the service.

There may also be times where the person is referred to as the service user, patient, inpatient or client.

## Who is a carer?

A carer is a person who provides unpaid ongoing care or support to another person who requires assistance with everyday tasks because of a long-term medical condition, mental ill health and / or substance use, a disability, frailty, or the need for palliative care.

Carers may be parents, partners, children, extended family members and/or friends. Carers can be all ages, come from all walks of life and come from different cultural backgrounds.

Caring for others can be complex and demanding, and each person's experience of caring is likely to be different. Carers may or may not live with the person. They may care for a few hours a week, or all day every day.

A carer may require support in a range of ways to ensure their own health and wellbeing. A carer's experience may be enhanced by the provision of information, support, respite, education, training, or counselling.

## What is mental health?

Mental health means having a sense of wellbeing, enjoying positive relationships with others and being able to cope with the inevitable ups and downs of life. Mental health challenges are disturbances to a person's mental state or wellbeing.

A mental health challenge may be short-term or ongoing. Short-term challenges may occur when there is a stressful event or circumstance. The challenge may interfere with a person's ability to relate to others, to work, or to enjoy leisure time and cope with everyday living, but to a lesser extent than mental ill-health.

## What is mental ill-health?

Mental ill-health is a significant disturbance of thought, mood, perception or memory. A person may experience periods of wellness followed by periods of being unwell.

The majority of people will experience a mental health challenge or care for someone with a mental health challenge at some time in their lifetime. The most common mental health diagnoses are anxiety and depressive disorders. Some other major types of mental illness include schizophrenia, bipolar affective disorder, personality disorders and eating disorders.

One of the biggest obstacles for people recovering from mental ill-health is confronting the negative stigma sometimes associated with mental ill-health.

Positive and hopeful attitudes of family, friends, service providers, employers and other members of the community toward people who have experienced mental ill-health are critical to ensuring quality of life for people with mental illness and supporting recovery.

More information about mental ill-health and what can be done about the stigma of mental ill-health can be found at: <https://www.sane.org/information-and-resources/facts-and-guides/reducing-stigma>



Meet Metro North Mental Health's Lived Experience (Peer) Workforce. They are available across inpatient and community services and are a wealth of information about mental health, caring for someone with mental ill-health and links to support services.



## How can you support recovery?

Look for **hope**  
in even the smallest achievements and  
maintain a sense of hope.

Focus on the **positives**.  
Promote empowering  
relationships based on  
**trust**, empathy and **respect**.  
**Encourage** and practice self-determination  
and self learning.

Work in equal **partnership** with the person  
you care about and the team of service  
providers responsible for their treatment.

Listen, **just listen**.

Recovery is not only  
possible it is  
**probable**

### Listen

*When I ask you to listen to me  
And you start giving me advice,  
You have not done what I asked.  
When I ask you to listen  
to me  
And you begin to tell me 'why' I shouldn't feel that way,  
You are trampling on my feelings.  
When I ask you to listen to me  
And you feel you have to do something to solve my problems,  
You have failed me, strange as that may seem.  
Listen! All I ask is that you listen: Not talk, nor do – just hear me.  
And I can do for myself – I'm not helpless  
Maybe discouraged and faltering, but not helpless.  
When you do something for me, that I can and need to do for myself,  
You contribute to my fear and weakness.  
But when you accept as a simple fact that I do feel what I feel,  
No matter how irrational  
Then I quit trying to convince you  
And can get about the business of understanding  
What's behind this irrational feeling.  
When that's clear,  
The answers are obvious and I don't need advice.  
Irrational feelings make sense when we understand what's behind them.  
Perhaps that's why prayer works sometimes for some people:  
because God is mute, and doesn't give advice to try to 'fix' things,  
He/She just listens, and lets you work it out for yourself.  
So please listen, and just hear me, and if you want to talk,  
Wait a minute for your turn, And I'll listen to you.*

**Anon**

This poem was written by a person who accessed services over a number of years in Queensland.  
He wishes to remain anonymous.

## Navigating the service

Mental health treatment can be provided across a number of different services. Some services are available during working hours and other services are available 24 hours a day, 365 days. Some services are accessed by referral, and others are available to all people with mental health concerns.

Depending on individual circumstances, a person may need to be admitted to hospital. Other people may be best supported with receiving treatment and support in the community from public mental health services, private mental health practitioners, other community services or their General Practitioner.

### Acute Care Team

The Acute Care Team (ACT) provides triage, assessment and brief interventions to assist consumers experiencing difficulties due to acute mental health concerns. They will advise on the best option of care e.g. community, inpatient, crisis response. All new enquiries or referrals can be made via 1300 MHCALL (1300 64 2255). If the person is already receiving support from ACT, they can contact them directly.

### Acute Inpatient Services

When admitted to hospital, the person you care about will receive the necessary treatment in an environment where they are safe and have access to specialist mental health staff.

The doctor may prescribe medication as part of their treatment. The need to monitor the consumers progress and medication can be a determining factor in the length of stay. Inpatients are continually assessed, and the treating team hold weekly 'ward round' meetings, where they will involve the consumer in discussing their care and treatment and progress. The treating team will begin discharge planning almost as soon as the person is admitted ensuring appropriate supports are in place on discharge.

#### **Tip:**

Ask when you can attend ward rounds.

#### **Tip:**

You can be involved. Nominate a primary person for the service to contact.

### Continuing Care Teams

These are community based multi-disciplinary teams (MDT) that provide extended mental health care services in the community. They will endeavour to link with the consumer if they are an inpatient and support their discharge. Within the MDT, a Psychiatrist and a Mental Health Clinician are identified as the primary supports for the consumer. Wherever possible, the aim is to promote the person's level of independence while supporting them to work toward their recovery goals. The person you care about will need to attend the Community Clinic and some home visits may be possible. The Mental Health Clinician can provide support with referrals and links to services such as employment, accommodation, community connections that may benefit the consumer as well as links to services that may be beneficial to carers, families and supports.

## The Treating Team

The roles below describe what may be collectively referred to as the **Treating Team** in the inpatient services. On each shift the Senior Nurse co-ordinates the treating team for nursing. They are known as a **Clinical Nurse (CN)** and **Clinical Nurse Consultant (CNC)**.

The **Nurse Unit Manager (NUM)** is responsible for overseeing the nursing staff and the inpatient care on the ward.

A **Nurse** is assigned a small group of inpatients to care for each shift. The nurse will provide medication when needed and continually assess the person's mental health. The nurse can provide information and support to consumers and family during their stay.

**Dual Diagnosis Coordinator** is a clinical professional who bridges the gap between clinical services and alcohol and drug services.

The **Resident Medical Officer (RMO)** primarily manages the physical health of inpatients and also contributes to mental health assessments as part of their training.

The **Psychiatric Registrar** is responsible for day-to-day assessment and management of inpatient care.

The **Consultant Psychiatrist** is responsible for making or approving all treatment decisions for an inpatient.

**Carer Peer Workers / Peer Workers** have a lived experience of mental ill-health, or caring for a person with mental ill-health and support consumers as a peer, as well as assisting the treating team to support recovery.

## Who is a Mental Health Professional?

The roles below describe what may be collectively referred to as Mental Health Professionals who work in both inpatient and community services.

### Mental Health Clinician:

Nurse, Social Worker, Occupational Therapist, Psychologist

### Doctor:

Resident Medical Officer (RMO), Psychiatric Registrar, Consultant Psychiatrist

## What is a multidisciplinary team?

These are teams of mental health professionals with differing but complementary clinical qualifications and skills working together to promote holistic care and enhance continuity of care.

The different skills within a multidisciplinary team better meets the needs of consumers with complex needs. In addition to these teams there are lived experience and non-clinical positions, such as peer workers, who provide further support to the consumer and their carers/family.

### Tip: ASK

'Who is our key contact person?

What is the best way for me to contact them?

What is the best time for me to contact them?'

There are a number of non-clinical positions who provide further support to the consumer and carers/family.

**The Lived Experience (Peer) Workforce** are consumers and carers who use their lived experience of mental ill-health or caring for someone with mental ill-health to offer hope and support to consumer recovery. They provide living proof that recovery is possible.

**Senior Carer Peer Coordinators** focus on the needs of families and carers of people with mental ill-health. They influence change to better involve and educate carers/families in the treatment and recovery of the person with mental ill-health.

**Senior Peer Coordinators** promote consumer and carer participation. They offer an understanding from a lived experience perspective to support the mental health service in the planning, delivery and evaluation of a consumer and carer focused service.

**Peer Workers** understand the mental health system and use their lived experience to support consumers, their families and carers to access appropriate services and develop strategies that support recovery.

**Independent Patient Rights Advisers (IPRA)** are employed by Queensland Health to ensure consumer rights, views and preferences are respected and taken into account by treating teams and those who support consumer recovery.

They provide information about:

- Consumer and carer rights
- Treatment authorities
- Forensic Orders
- Treatment Support Orders
- Mental health legislation
- Appointing a Nominated Support Person
- Making an Advance Health Directive for Mental Health
- Mental Health Review Tribunals (MHRT)

For more information phone the IPRA helpline 07 3646 9224

Consumer rights can be viewed via the weblink:

[https://youtu.be/LUP4-2\\_rmy4](https://youtu.be/LUP4-2_rmy4)

An **Aboriginal or Torres Strait Islander Mental Health Worker** provides culturally appropriate support to people who identify as Aboriginal Australian and/or Torres Strait Islander and can assist with navigating the mental health system and appropriate cultural connections.

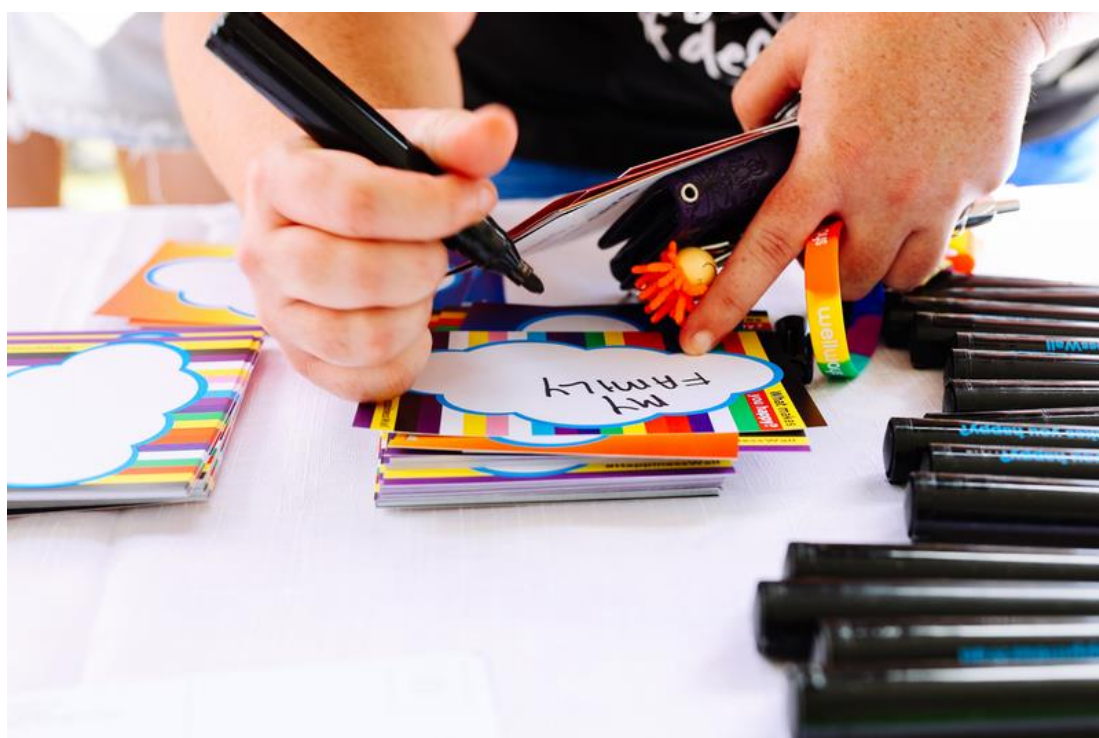


## Working with mental health professionals

Understanding how to communicate in the health system can help assist you and the person you care about get their needs met. You are entitled to be treated respectfully at all times.

### Tips for communicating with mental health professionals:

- Mutual respect is essential for healthy communication.
- Try to remain calm and objective, even if you don't feel that way. If the way you are feeling is making it difficult to communicate, try to honestly tell this to the clinician /doctor. Don't be afraid to ask for a moment to collect your thoughts if you need to.
- Ask for information in words you can understand. Ask to have unfamiliar terms or the medication name written down for you. This means you can find out more information on your own.
- If you feel you are not being heard it makes it hard to remain confident. If you feel like this, tell the person. You could say "I feel I am not being heard...".
- Talking openly is important. It will lead to a better understanding of your situation and that of the person you care about. It gives you an opportunity to talk about your needs and concerns.
- The best way to work out your questions is to spend some time thinking about what concerns / issues / information is most important. Make a list of questions and record the answers. This booklet has a list of suggested family / carer questions to help you think about questions to ask.
- Agree on the best way for you to keep in contact e.g., email, phone, appointment.
- You may need to talk about your concerns / issues / information a number of times. It may be helpful to write it down and keep it on hand.



## Information sharing, privacy and confidentiality

We actively encourage your involvement. Sharing information is significant in recovery from mental ill health. The service acknowledges the need for families, carers, and significant others to work together to develop useful and practical supports in collaboration with the person experiencing mental ill health. Your input and insights are valuable. There are no limits around what information you can provide to the treating team.

The laws of confidentiality are there as part of every person's right to who, how, when they share their personal information or when others share their information. Some consumers who, because of past experiences or because they are unwell, may not trust many people, may feel vulnerable. The fact that they can tell a doctor / clinician anything in confidence is the basis of the trust that is needed between the consumer and a mental health professional.

Mental health professionals are limited as to how much information they can share with anyone, including family, carers and significant others without the consent of the consumer.

We will endeavour to provide you with information to assist in your understanding about how you can best support the person you care about.

There are also times when mental health professionals are required, or allowed, to share certain information by law, for example, to keep the person or others safe.

The document 'Information Sharing Between Mental Health Staff, Consumers, Family, Carers, Nominated Support Persons and Others' is a good source of information to help you better understand how information can and may be shared to support a consumer's recovery.

[https://www.health.qld.gov.au/data/assets/pdf\\_file/0026/444635/info\\_sharing.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0026/444635/info_sharing.pdf)



# Healthcare rights and expectations

You are encouraged to read the charter or have it explained to you and or the person with mental ill health. If you feel your rights, or the rights of the consumer, have not been respected, or you have concerns about their healthcare, let us know as soon as possible.

A staff member can assist you to obtain information about healthcare rights, or you can access more information by conducting online searches for:

- Mental health statement of rights and responsibilities <https://www.health.gov.au/resources/publications/mental-health-statement-of-rights-and-responsibilities-2012>
- Australian Charter of Health Care Rights 2019 <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-charter-healthcare-rights-second-edition-a4-accessible>
- *Human Rights Act 2019 QLD*
- *Mental Health Act 2016 QLD* Statement of Rights [https://www.health.qld.gov.au/data/assets/pdf\\_file/0036/639873/Statement-of-Rights.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0036/639873/Statement-of-Rights.pdf)

## My healthcare rights

This is the second edition of the Australian Charter of Healthcare Rights.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.



### I have a right to:

#### Access

- Healthcare services and treatment that meets my needs

#### Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that makes me feel safe

#### Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

#### Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

#### Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Request access to my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

#### Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

#### Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services

AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE

For more information, ask a member of staff or visit [safetyandquality.gov.au/your-rights](https://safetyandquality.gov.au/your-rights)

## Mental health legislation – the *Mental Health Act 2016*

The *Mental Health Act 2016* (MHA) provides for the involuntary assessment and treatment, and the protection of, persons with mental ill health. At the same time, the Act aims to safeguard and balance the rights and freedoms of people who have mental ill-health and those of others.

The MHA supports consumer choice in the care they receive through alternatives to involuntary treatment such as Advanced Health Directives and / or the option for a guardian to consent to their mental health care when they do not have the capacity to do so.

There are a number of resources available to help understand patient rights under the MHA.

We encourage you to seek more information regarding the MHA:

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

You can also do an internet search for:

- *Mental Health Act 2016 Qld*
- Qld Mental Health Review Tribunal
- Legal Aid Queensland

### Tip:

To ask for more information about the Mental Health Review Tribunal, or any patient rights, contact IPRA services.

**Phone:** 07 3646 9224

**Email:** MetroNorthIPRA@health.qld.gov.au

## Involuntary Treatment

This is treatment for mental ill-health without the person's consent. Involuntary consumers have the same rights as other consumers with some further conditions. Please ask to speak to an Independent Patient Rights Adviser (IPRA) to find out more.

### Forensic Order:

- Forensic Orders are made primarily by the Mental Health Court for individuals charged with a serious offence who are found of unsound mind at the time of an alleged offence or are unfit for trial.
- People on a Forensic Order may be provided with involuntary treatment and care and, if necessary, detained in an authorised mental health service.
- The person's unsoundness of mind or unfitness for trial is due to a mental condition other than an intellectual disability
- The Tribunal reviews Forensic Orders every six months.
- Treatment can be inpatient or in the community. Community treatment is only allowed if there is not an unacceptable risk to the safety of the community.

### Treatment Authority:

- Treatment criteria such as having mental ill-health, not having capacity to consent to treatment etc applies.
- Must be authorised and confirmed by a psychiatrist.
- Treatment can be inpatient or in the community according to the person's needs.
- Remains in place for as long as treatment is required.
- Regular reviews are conducted by the psychiatrist in accordance with the treatment plan.
- Regular reviews are made by the Mental Health Review Tribunal. Legal aid is available and there is an appeals process.

### Treatment Support Order:

- A Treatment Support Order may be made by the Mental Health Court if the Court decides a person was of unsound mind at the time of an alleged offence or is unfit for trial.
- Treatment Support Orders are made by the Court to protect the safety of the community in circumstances where a Forensic Order is not warranted.
- A Treatment Support Order authorises involuntary treatment and/or detention in an authorised mental health service.

# The Queensland Human Rights Act 2019

The *Human Rights Act 2019* is a law that protects every person’s rights in Queensland. It protects the rights of all who interact with, or use the services of government or government funded organisations and courts and tribunals. These are known as public entities. Public entities include public health services, NDIS providers, public schools, the police and the Mental Health Review Tribunal.

There are 23 sections in the Act which protect rights including:

- Recognition and equality before the law (you have the same rights as everyone else) Protection from torture, cruel, inhuman or degrading treatment
- Freedom of movement
- Freedom of expression (this covers your right to receive information and well as express your opinion)
- Property rights
- Privacy and reputation (this includes the protection of medical records and other information about you as well as protection of your home and family)
- Protection of families and children
- Cultural rights – generally
- Cultural rights – Aboriginal and Torres Strait Islanders people Right to liberty and security of the person
- Humane treatment when deprived of liberty The right to a fair hearing
- Right to access health services Right to life

## Balancing rights

Sometimes it may be necessary for a public entity to limit or restrict human rights. This is only done when it is essential to keeping people safe or ensuring a person gets the medical care they need. If a public entity restricts human rights, they have an obligation to make sure it is for a good reason and that it is done in the least restrictive way. They have to consider what the impact is on the person and also the human rights of the people around them.

## Making a complaint

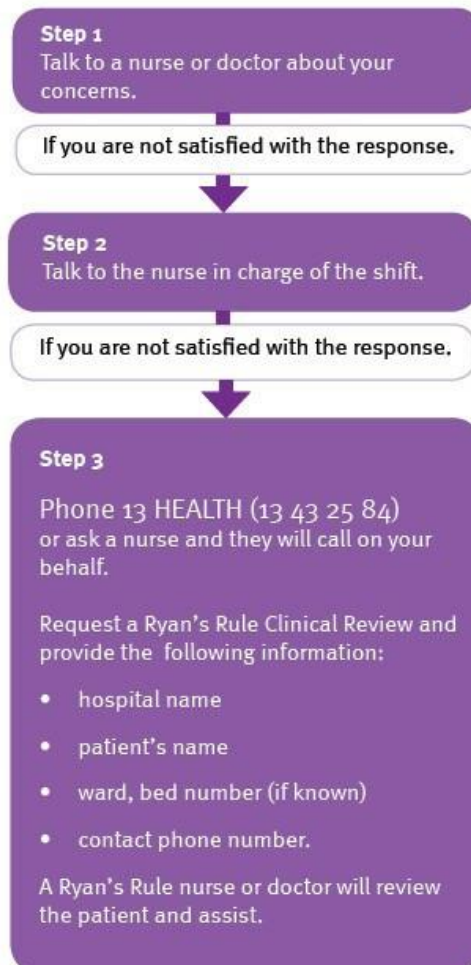
If you think the human rights of your or the person you care for are being ignored or disrespected, you can make a complaint. For human rights complaints you first need to complain to the public entity who are allowed 45 business days to respond to your complaint. If 45 business days pass, and they have not answered your complaint, or you do not believe the response properly addresses your complaint, then you can complain to the Queensland Human Rights Commission. You can make a complaint in writing or contact the Commission to talk about your options. You can call the Commission on 1300 130 670.

## Ryan’s Rule

Ryan’s Rule offers consumers, their family and carers a process to escalate their concerns independently when they believe the consumer is getting worse, is not doing as well as expected or if something doesn’t feel right.

**Note: Ryan’s Rule is not for making complaints.**

### Ryan’s Rule: 3 Step Process



## Visiting the hospital

- Inpatient visiting hours may vary across facilities. Family and friends are encouraged to consider the consumer's need for rest and recovery and keep visits to a reasonable time frame.
- A phone in the communal area on the ward is provided for inpatients to make calls.
- Each ward also has a designated phone for inpatients to receive calls. Ask a staff member for this number. Not all facilities allow inpatients to have mobile phones during their hospital stay, please ask a staff member if mobile phones are permitted in the ward.
- Some hospitals have volunteers who are available to assist with directions and information.
- Vending machines are available. Locations vary across the sites, The wards do not provide change.
- Ask the treating team about parking options and reduced parking fees that may be available.

## Support during leave from hospital

Having some time at home or in the community before being discharged provides individuals an opportunity to gradually adjust to returning home and to the responsibilities that they have.

To provide the best care, the treating team will explain the purpose of leave and other important information about leave with the consumer and will as well involve family members, carers and other supports.

It is important that there is shared understanding of the goals for the consumer to have a positive leave period which include things like:

- Eating and sleeping well
- Being able to cope with symptoms of illness at home.
- Using medicines to support recovery if prescribed
- Attending outings with family or friends
- Enjoying hobbies or exercise/sports

It is important that you are provided with contact details for the treating team and ward so that you can contact them if you have any concerns about the consumer e.g. they are expressing thoughts of self-harm, if they aren't taking their medication or if anything else changes e.g. there may be a delay in the time the consumer is returning.

If you have any questions about supporting the consumer whilst they are on leave, you can talk to a member of the treating team.

## Talk about plans

The treatment planning process begins on admission / service entry, and discharge planning begins soon after. Ideally, all aspects of planning are developed collaboratively with the treating team involving the consumer, their families and carers and aimed at promoting individual recovery needs.

### Recovery Plan

The Recovery Plan focuses on the consumer's personal recovery goals, their hopes, dreams and what they want to achieve in the short- and long-term future. The Mental Health Clinician and the treating team will work with the consumer to develop a Recovery Plan. The plan is regularly reviewed and will assist the treating team to include the person's recovery needs as an important part of their treatment and care planning.

## Individual Care Plan / Treatment Plan

This is developed by the treating doctor and/or the treating team and sets the direction for treatment and care. The plan identifies issues and sets objectives on how the service will assist the person you care about reach these goals. For involuntary consumers, this plan will also include the requirements of the Mental Health Act 2016.

## Acute Management Plan (AMP)

An AMP is most useful for a person with mental ill-health who presents frequently to the emergency departments (called Emergency and Trauma Centre at RBWH) and/or the acute mental health services, such as the Acute Care Team. The AMP provides important clinical information such as indicators for admission/discharge, risks and triggers, and what interventions are helpful that clinicians and doctors, who may not always know the consumer and their mental health history, to better respond to them.

## Police and Ambulance Intervention Plan (PAIP)

A PAIP is most useful for someone with mental ill health who has a history involving crisis contact with the Queensland Police Service (QPS) and/or Queensland Ambulance Service (QAS) or is at high risk of harm to self, others or property. The PAIP provides the most important information about someone's actions and behaviours when they are in crisis in the community and what interventions the police or others can use to facilitate a safe resolution for all people involved. The PAIP is ideally developed collaboratively with the consumer, and their family and carers, QPS, the treating team and the Mental Health Intervention Co-ordinator. In addition, other services such as the Queensland Ambulance Service (QAS) often support the police to help a person in crisis.

## Diagnosis

**Tip:** Ask what programs are available to support recovery.

As a family member or carer, you will want to know exactly what the person you support is dealing with so you can provide the best support. However, be aware that getting a mental health diagnosis can be difficult. Initial diagnoses may change over time because a diagnosis is made by recording symptoms and a medical history, and this takes time.

You are encouraged to assist by describing your experience of the person's illness and sharing information about what they are like when they are well. If the person you care about does not agree with their diagnosis at any time, they have the right to a second opinion from another medical officer/psychiatrist.

## Mental ill-health and / or substance use

The term 'dual diagnosis' is used to describe someone experiencing mental ill-health and substance use.

If you think that the person you care about is using or alcohol or illicit drugs, it is likely that you will be concerned that he or she may be harmed, may harm themselves, or may do something illegal, and you will no doubt be concerned that their mental ill-health will worsen.

Whilst you may not be able to stop someone using alcohol and drugs, you are able to minimise harm and help them through this very difficult part of their life, by using some well-known and well-tested strategies.

You can begin by talking to the treating team of the person you care about. You have a wealth of information they will find useful to identify the best treatment options. They can help you understand how you can best support the person on their journey toward recovery.

Adis is a 24 hour/7 day a week Alcohol and Drug Support Information Service. They provide a confidential service for consumers, carers/family or anyone in the community who is looking for information and support about alcohol and drug issues. They can be contacted on 1800 177 833 or you can even chat online with a counsellor.  
<https://adis.health.qld.gov.au/>



## Medication

Medications are often prescribed to help a person diagnosed with mental ill-health manage their illness through reducing / alleviating the symptoms they are experiencing.

Having a clear knowledge and understanding of the illness itself, the medication prescribed, how to take the medication, the possible side effects of the medication and how to manage the side effects will assist a person to achieve greater personal control over the symptoms they experience. Information about a wide range of medications can be found at: <https://www.choiceandmedication.org/queenslandhealth/>

**Tip:** If you have questions about how the medication manages the illness symptoms, or the medication side effects the person may be experiencing, talk to your treating team contact person as soon as possible.

## Public guardianship, financial administrator and legal matters

In Queensland, under a framework of human rights protection, independent statutory bodies such as the Public Guardian have a role in protecting the rights and interests of vulnerable adults who do not have the capacity to make some or all of their own decisions due to an illness or disability.

### Consent and Capacity

Substitute decision makers for people with impaired decision-making capacity in order of priority:

1. Advanced Healthcare Directive (AHD)
2. An Administrator or Guardian appointed by QLD Civil & Administrative Tribunal (QCAT)
3. Attorney under AHD or Enduring Power of Attorney (post 1998)
4. Statutory Health Attorney:
  - Spouse (if relationship is close/continuing), Adult's carer if over 18 and not a paid carer
  - Close friend or relation if over 18 and not a paid carer
  - Note: for carer or close friend/relation they must be readily available and culturally appropriate
5. The Public Guardian

If there is a dispute between statutory health attorneys OR if a decision of a substitute decision maker is inconsistent with good medical practice the Mental Health Practitioner may call The Public Guardian.

Information regarding legal, administrative and guardianship services for people with decision making impairment can be accessed online by searching for: the Public Guardian; The Public Trustee; Queensland Civil and Administrative Tribunal (QCAT); and Legal Aid Queensland.

## Caring for you

Caring for a person with mental ill health presents unique and often highly stressful challenges. We recognise that you have your own specific needs that are separate from the needs of the person with mental ill health. You will no doubt experience that, in some ways, your life has changed.

Everyone's experience is unique, although it is common for family members and carers to experience a range of emotions including uncertainty, blame, isolation, guilt, fear and grief. Be mindful of how you are thinking and feeling. If you are struggling or have any concerns about your own wellbeing, seek assistance straight away, do not put it off. Booking a long appointment with your GP is a good way to start. You may also ask your doctor or the ward doctors for a medical certificate if you need to take time off work to look after the person you care for.

It is important to recognise when you have stepped into a caring role. You may find it helpful to try to separate your role as parent, partner, or friend from the caring role. As in any new role, you will need as much information as you can find, new skills and support. Accept there will be challenges and setbacks as well as rewarding aspects. It is also important to maintain a balance, take a break and relieve stress.

You may also find it useful, comforting and encouraging to access one or more of the carer support groups in your community. Community agencies provide programs and education for families and carers to learn new behaviours and coping strategies. This type of education will help you to build on your ability to support the person you care about on their journey towards recovery. While this may be a demanding process, your perseverance will be extremely valuable for everyone concerned.

Think about what will work for you and what you would find helpful. Discussing your options with your GP may help you decide what to do. Whilst a mental health service is not able to provide certain services, we are able to recommend other services for you to contact, refer to the 'Resources for finding out more...' section of this booklet.

### Care for you

- Focus on positive 'self-talk'
- Give your self a break
- Maintain and build on your support network
- Make time for relaxation
- Do things that you enjoy
- Set boundaries so you can maintain your own wellbeing

#### Tip:

"Your ability to support the person you care about depends on how well you are looking after you."

#### Tip:

You could say, 'I need some support for me. What services can I access?'

## What you can do in a crisis

You are possibly already aware that, unfortunately, when caring for someone with mental ill health, there may be times when the person you support, and you, face setbacks, a crisis or an emergency situation, so it is important to be prepared.

It can be frightening and distressing when someone you care about is at risk to themselves, to you, or someone else. Try to remember that, for many people, this is part of the illness. It will be helpful if you can learn to recognise the warning signs leading up to when the person is at risk. You could then develop an agreed plan of action should an emergency occur.

Be mindful that following a setback or crisis you, your family members and the person you care about, may continue to feel challenged and vulnerable for some time.

When the person is receptive, talk to him or her about what might trigger a crisis for them, the best ways to keep them safe and the things that might help de-escalate the situation to minimise the stress for all concerned. Also talk about what might also be helpful to reduce post-crisis stress for all concerned.

The person's Mental Health Clinician may have already discussed with them a plan for keeping them well and safe, for example an Acute Management Plan or if police are involved a Police and Ambulance Intervention Plan. You can arrange to talk about any such plans together with the Mental Health Clinician and the person you care about.

It may also be useful for you to talk to the Mental Health Clinician if the person you care about is not willing to talk about crisis prevention and intervention.

As the person progresses toward recovery, review the plan of action on a regular basis and agree on any necessary changes. Similarly, review the plan again when moving forward from a crisis.

For assistance with a crisis, call the Mental Health Service and speak to the person's Mental Health Clinician or 1300 MHCALL (1300 64 22 55).

Queensland Health, Queensland Police Service, and the Queensland Ambulance Service are working together to better respond to those in a mental health crisis.

For more information on support services that will assist with what you can do in a crisis, refer to the 'Resources for finding out more...' section of this booklet.

### Tip:

Discuss and agree on what to do if a crisis arises.

If the situation is urgent, and you have serious concerns or there is an immediate danger, call **000**.

## Smoke free health care

As a healthcare facility, we have a duty to provide an environment free from smoke and to reduce the risk of a person taking up (or re-starting) smoking. 'There is strong evidence that many people with mental ill-health want to quit smoking and that smoking causes stress, rather than relieving it. With the right support from family, friends and health professionals, people with mental ill-health can quit smoking and experience benefits including a healthier and longer life, improved self-esteem, more money to spare, and less stress.'<sup>1</sup>

What you need to know as a visitor:

- Smoking is illegal in all hospital, community health services and government buildings in Queensland (and five metres from the boundary);
- Consumers, staff and visitors are not to have tobacco or related products (this includes cigarettes, lighters, e-cigarettes, vapes etc) on the ward;
- If you have these products, please ask a member of staff to assist you to store them in locked storage at the nurses' station;
- Consumers will not have access to their tobacco and related products during their leave; these products will be sent home with family/friends or stored; they will be returned on discharged, if requested.



If you have further questions, please talk to a member of staff.

## Having input into service projects and activities – My ROLE

Metro North Mental Health invites carers, family and significant others (as well as consumers) to contribute to continuous service improvement through having input into service projects and activities in various ways. You can talk to any member of the service, including a member of the Lived Experience (Peer) Workforce, about ideas you may have or how you could get involved in service improvement. Another easy way to let us know you are interested is to register via an online portal called My ROLE – My Register Of Lived Experience. By registering, you can indicate that you would be happy to be contacted when there are any opportunities to get involved.

### My ROLE Registration:








Scan the QR code to register directly with My ROLE



# Let us know what you think

Compliments and complaints are an important source of feedback that helps us to improve our service.

Often the quickest and most effective way to resolve concerns is to talk them through with a doctor or mental health clinician. If you prefer to let us know about your feedback in writing, ask a staff member for a compliments and complaints form (Have your Say Form). Staff will assist you to complete the form if you require assistance.

Metro North Mental Health	Metro North Mental Health	Metro North Mental Health
<p><b>Your feedback can be anonymous</b></p> <p>Do you wish to remain anonymous?</p> <p><input type="checkbox"/> Yes (do not fill out details below) <input type="checkbox"/> No</p> <p>Name: _____            Date: _____            Phone: _____            Address: _____</p> <p><b>What outcome would you like from your feedback?</b></p> <p>Note: your feedback can be anonymous, but if you wish to receive a response to any of the items below please provide your contact details.</p> <p>Would you like to be contacted about your feedback?</p> <p><input type="checkbox"/> Thank a staff member / team / unit / the hospital  <input type="checkbox"/> Receive an explanation about your comment or suggestion  <input type="checkbox"/> Other _____</p>	<p>            The quickest way to resolve a concern or provide a compliment is to speak to a member of staff.</p> <p>            You can complete a 'Have your say' form and put it in a feedback box.</p> <p>            You can phone or email - ask a staff member how you can contact the Patient / Consumer Liaison Officer.</p> <p>            If you still have concerns: You can contact the Office of the Health Ombudsman - <a href="http://www.oho.qld.gov.au">www.oho.qld.gov.au</a> (this is an independent agency)</p>	<p><b>Have your say</b></p> <p>  <b>Feedback &amp; Suggestions</b></p> <p><b>We want to hear from you!</b></p>
<p><b>Thank you</b>            Please put your form into the feedback box provided.</p>	<p> Consumers and carers provided feedback on this publication.  <small>V11 Effective: November 2021 Review: November 2025</small></p>	<p>Metro North Health   </p>

**If your concern is not resolved to your satisfaction:**

Contact the Office of the Health Ombudsman:  
 Online at <https://www.oho.qld.gov.au>  
 OR  
 Phone: 133 OHO (133 646) OR  
 Write: PO Box 13281, George St, Brisbane Qld 4003

## Locating facilities and services

Use the links below to access information about getting to and around the Metro North Mental Health facilities.



Caboolture Hospital Home Page:

<http://www.health.qld.gov.au/caboolture/>



Redcliffe Hospital getting to our facilities:

<http://www.health.qld.gov.au/redcliffe/location/default.asp>



TPCH Information for Patients and visitors:

<https://metronorth.health.qld.gov.au/tpch/maps-and-directions>



RBWH getting to and around the Hospital:

<https://metronorth.health.qld.gov.au/rbwh/maps-and-directions>

Note: The Psychiatric Emergency Centre is located beside Adult Emergency – access is via Adult Emergency

## Resources for finding out more

A wealth of information about mental ill-health and related support services is available from the mental health service, your general practitioner, community mental health service providers, libraries and the internet.

### **MNMH Recovery Support Resources Prospectus**

The Prospectus provides information on a wide range of recovery focused education courses and resources. The Prospectus is updated every six months, ask a staff member for a copy or an electronic copy is available by conducting an online search for:

My mental health -> Resources -> Community resources -> Prospectus

### **Metro North Mental Health Lived Experience (Peer) Workforce, Publications and Resources**

- Consumer and Carer Services Brochure
- Making the most of your mental health service – A guide to the Metro North Mental Health Community Clinic

### **Government Information and resources**

Available online by searching for:

- Australian Government Department of Human Services -> Carers
- Australian Government Carer Gateway
- The Public Trustee of QLD

Once you have a clearer understanding about mental ill-health and its impact on the person you care about, you may find it easier to talk to other family members and friends to identify how they can best encourage and support the person with mental ill health.

### **Community Agencies**

Telephone and online support, connecting with support groups, programs to learn and develop skills, resources, publications, respite and lifestyle support, events, research, much more.

Available online by searching for:

- Arafmi QLD
- Beyond Blue
- Black Dog Institute
- Carers QLD
- Communitify QLD
- Eating Disorders Queensland
- Family Drug Support
- Footprints
- Health Consumers Queensland
- Institute for Urban Indigenous Health
- Mental Health Association Queensland
- Embrace multicultural mental health
- Neami National
- Richmond Fellowship Queensland
- SANE
- Suncare Community Services
- Lifeline
- Queensland Mental Health Commission
- MyMentalHealth







## References

Australian Government, Mental Illness and Quitting:

<https://www.health.gov.au/resources/collections/mental-illness-and-quitting-smoking>

Mental Health Foundation, UK: <https://www.mentalhealth.org.uk/a-to-z/r/recovery>

Queensland Health, Information sharing between mental health workers, consumers, carers, family and significant others, Brisbane June 2011:

Australian Commission on Safety and Quality in Healthcare, Australian Charter of Healthcare Rights A guide for health-care consumers, carers and families, Brisbane January 12: <https://www.publications.qld.gov.au/dataset/carer-s-matters-factsheets-queensland-health-mental-health-system>

### **Queensland Government, Queensland Health Carers Matter Website:**

Getting Involved –

<https://www.publications.qld.gov.au/dataset/carer-s-matters-factsheets-queensland-health-mental-health-system/resource/59b3f4f4-d1f3-497b-8428-edf3ffa5834b>

You're not alone –

<https://www.publications.qld.gov.au/dataset/carer-s-matters-factsheets-queensland-health-mental-health-system/resource/92af7579-86dd-4e81-9bbe-c3ff1fde53af>

Commitment to Carers -

<https://www.publications.qld.gov.au/dataset/carer-s-matters-factsheets-queensland-health-mental-health-system/resource/9dd49c21-2357-4f5b-8fa3-77f81b6c7ce3>

Dual Diagnosis -

<https://www.publications.qld.gov.au/dataset/carer-s-matters-factsheets-queensland-health-mental-health-system/resource/59fd8f7e-45d7-44aa-aacc-c88a307799a6>

Older Persons -

<https://www.publications.qld.gov.au/dataset/carer-s-matters-factsheets-queensland-health-mental-health-system/resource/5596cc47-6379-4d00-917f-3db6adf6bc78>

Child and Youth -

<https://www.publications.qld.gov.au/dataset/carer-s-matters-factsheets-queensland-health-mental-health-system/resource/4858ffbc-fe17-4357-a567-5afa42d5bf63>

Queensland Government Choice and Medication website: <http://www.choiceandmedication.org/queenslandhealth/>

Australian Government, Department of Health and Ageing:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs#W>

Queensland Government, Queensland Health, MHA2000 Fact sheets Purpose, principles and definitions: [About the Mental Health Act 2016 | Queensland Health](#)

Queensland Government, Queensland Health, RBWH

<https://www.health.qld.gov.au/system-governance/policies-standards>