

A classification of service types and glossary of terminology for non-government mental health services

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Abstract

This article presents a defined classification of non-government community mental health services designed for reporting by the non-government sector. Initial classification involved review of the relevant literature, advisory committee consultation and content analysis of the Department of Health, Western Australia's service specifications and service contracts. A proposed classification was evaluated by a sample of 50 non-government service providers via focus groups and telephone interviews for internal validity and applicability. The revised classification was validated by Victorian government and non-government providers. The final validated classification contained one service class, seven service types and seven service sub-types, accompanied by a glossary of terms.

Keywords: *Classification; service type; mental health services; glossary of terminology; health information*

Introduction

There is no agreed national framework for mental health service delivery by the non-government community mental health sector in Australia. There is also no system for reporting standardised information essential in the planning, resourcing, management, and delivery of these services. A classification of the types of services provided by the non-government sector offers the first step to agreeing on the standard concepts and definitions used to describe services, their outputs and costs (Commonwealth Department of Health and Aged Care 1999).

While a number of Western Australian and Victorian non-government organisations report service information as a condition of service contracts, there is no standard set of output-related items in Western Australia, and only a paper-based data set which provides a framework for standardised data collection in Victoria. The development of a nationally applicable classification of service types provides an opportunity for standardised reporting of what services are provided to people by the non-government sector. The merit of standardisation lies in improving the accuracy and reliability of reported information, which is one of the greatest obstacles to effective planning, delivery and improvement of the services provided (National Health Strategy 1993).

The classification of service types should form part of a reporting system that addresses "who receives, what services, from whom, at what cost and with what effect" (Leginski et al 1989). The classification should be functional so that the activities associated with a type of service must be observable, or the extent to which the decision rules are met must be defined (Australian Bureau of Statistics [ABS] 1998). As a first step in establishing taxonomy, it should not endeavour to achieve broader applicability than the non-government community mental health sector. Nor should the classification attempt to establish what services should be offered by the non-government sector.

Aims of the review

The aims of this review include:

- to identify discrete service groups (and levels) provided by the non-government sector;

- to identify the activities associated with those types of services; to define terminology; and
- to categorise individual non-government organisations according to the identified service groups.

Consultation with key advisors

Consultation with key advisors aimed to:

- evaluate the content and face validity, credibility and comprehensiveness of the service titles, definitions and associated activities comprising the proposed service groups;
- define key and potentially ambiguous terms; and
- evaluate the validity of the proposed intention.

The project in context

The classification of service types and glossary of terminology were developed as the first stage of a larger project, the Australian Non-Government Mental Health Services Information Project (Wood & Pennebaker, 2000), aimed at developing an information system for reporting by the non-government sector.

Method

The staged process

The classification of service types and glossary of terminology consisted of a six-stage process conducted over a 12-month period. These stages were as follows.

Stage 1

The initial classification and glossary of psychosocial terminology was developed from a review of the classification literature, including taxonomic principles and other sector classifications, and a content analysis of the Health Department of Western Australia's non-government service specifications. Development of the classification was informed by an advisory group and key informants from the non-government, disability and government sectors.

Stage 2

The initial classification and glossary of terminology were reviewed by the advisory group and key stake-

holders. Advisory group members completed a questionnaire asking them to assess the internal and face validity, credibility, and representativeness of the initial classification and glossary of terminology and to specify modifications.

Stage 3

Following advisory group consensus on the initial classification, the classification was evaluated by a representative sample of the non-government sector, using participatory action research (Owens et al 1999). Focus group and telephone interview samples were selected from the sampling framework of 50, according to the following criteria:

- that the Non-Government Organisation (NGO) was a provider of that particular service type; and,
- that the individual/s invited to participate were key informants (managers or long-term service providers).

Each focus group comprised providers from the same service type. Although a key informant from all metropolitan service providers ($n = 38$) was invited to participate in focus groups, a total of 32 people representing 29 different organisations participated. A total of 12 service providers from 12 rural NGOs were consulted using telephone interviews, based on Dillman's total design method (Salant & Dillman 1994).

Both metropolitan and remote/rural NGOs were included to obtain a classification that was representative of the statewide Western Australian NGO sector. The focus groups and telephone interviews concerned the evaluation of the internal and face validity, credibility and comprehensiveness of service group title, definition and activities; the identification and definition of key and potentially ambiguous terminology; consideration of whether participants could readily place their organisation within the service type as proposed or modified; and evaluation of the validity of the proposed service type intention.

Stage 4

A discussion paper was sent out to all 50 NGOs (representing each of the service groups contained in the Victorian service delivery framework). A two-week response time was allowed for comments.

Stage 5

A two-day evaluation workshop was then conducted with the Victorian Department of Human Services and a sample of Psychiatric Disability Support Service providers to validate the existing Victorian framework for service delivery, and to map the revised classification to the Victorian framework in terms of intentions, titles, definitions, activities and structure. The mapping identified the degree of overlap at each of these levels. To develop a nationally applicable classification, identical features were merged and differences either added or merged, depending on participant consensus.

Stage 6

A subsequent and final review by the Victorian workshop participants resulted in the final national version of the classification of service groups.

Results

The service specifications satisfied most of the decision rules established from a review of the literature. The decision rules applied to each service group were the purpose of funding or the intention of the service, service outputs/activities, target group, staffing intensity and/or type and duration of the service. The classification was designed to be sufficiently generic to accommodate the majority of service providers in the non-government sector.

Stage 1: The initial classification

Twenty service groups (eight service types and 12 sub-types) emerged from the content analysis of service specifications and individual service contracts. However, the service specifications were found to be too general to satisfy the need for a functional classification. The service specifications, although contributing to the service group definitions, did not indicate the type of services provided at the activity level. In order to obtain activity information, a review of over 100 service contracts was undertaken, observing confidentiality procedures.

Stage 2: The proposed classification

Review of the initial classification resulted in the addition of three more service types and two more sub-types (ie, 25 service groups in total).

Stage 3: The preliminary revised classification

Modifications made to the service group titles contained in the proposed classification led to 10 service types and 14 sub-types. Focus group participants also substantially modified the definitions, activities and intentions. All telephone interview participants agreed with the titles applied to the service groups and one-third recommended changes to the definition. Two-thirds of the telephone interview sample suggested that changes be made to the list of activities for their respective service groups, although most of the recommended changes were only minor (ie, of an editorial nature).

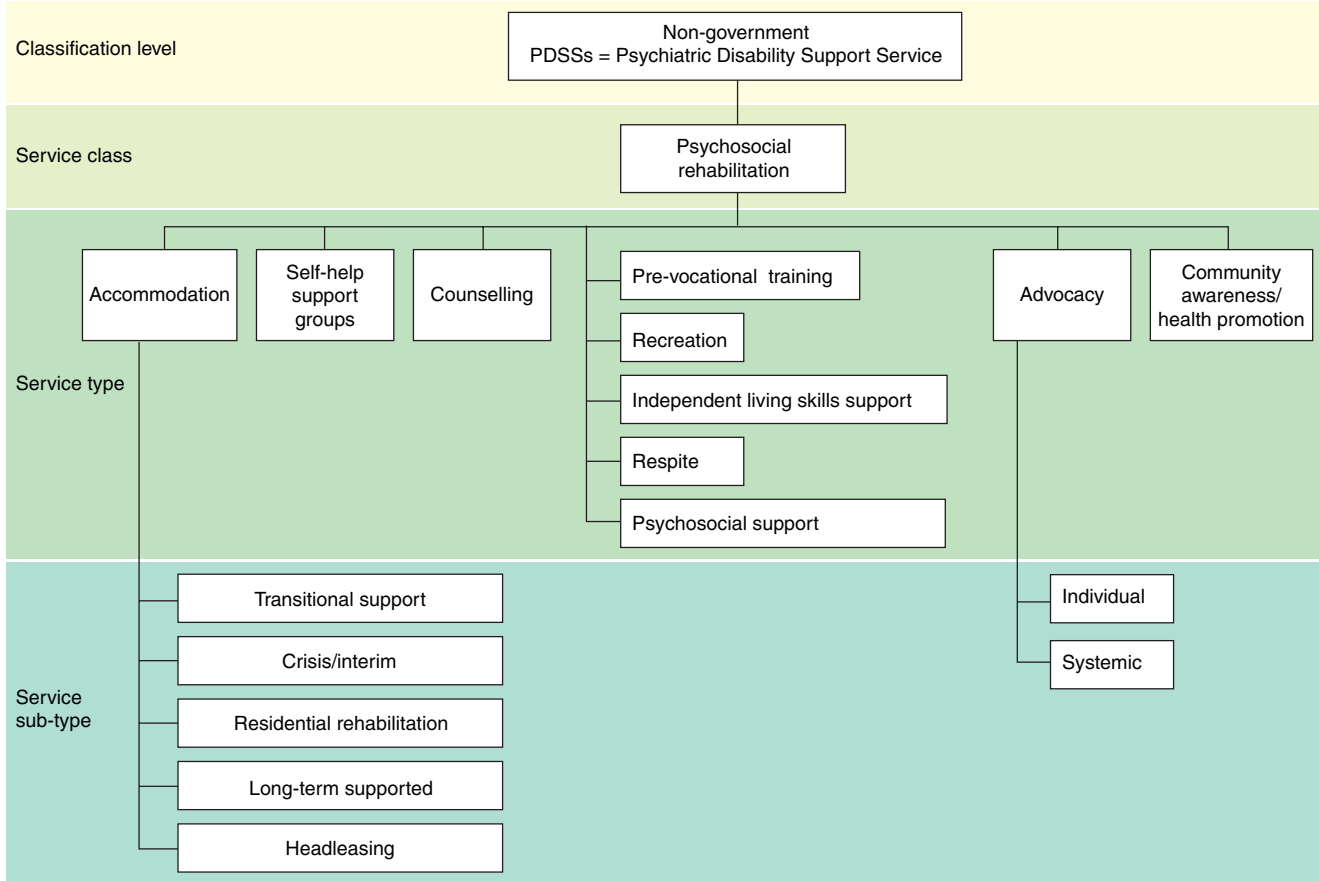
Stage 4: The revised Western Australian classification

Less than five per cent of participants chose to make comments, most of which related to the definition, intention, or glossary of terms. These comments were incorporated into the preliminary revised classification, where considered appropriate.

Stage 5: The preliminary validated classification

Preliminary validation with Victoria resulted in a classification containing one service class, 10 service types and seven service sub-types. A hierarchical presentation of this information is provided in Box 1.

1: The hierarchical preliminary revised classification of service groups



Stage 6: The validated national classification

The final combined comments of most Victorian workshop participants were summarised and incorporated. A number of Psychiatric Disability Support Service (PDSS) providers indicated that the revised classification of service groups had undergone review within their organisation before the workshop. The validated classification of service groups was structurally identical to the preliminary validated classification contained in Box 1. The Western Australian non-government sector indicated a preference for psychosocial support over rehabilitation; however, the psychosocial rehabilitation label was retained in the validated classification, as it represented a philosophy underpinning community services and formed the foundation of the Victorian framework for service delivery. The activities associated with each of the validated service groups are listed in Box 2 and qualified by the glossary of psychosocial terminology.

The Glossary of Psychosocial Terminology

The glossary of psychosocial terminology was developed to qualify and describe the terms contained in the service group titles and definitions. The glossary (see Appendix) standardises the language of classification, thereby improving the accuracy of categorisation according to the classification and improving communication in the sector.

Discussion

In this study, extensive sector consultation using participatory action research in the development, testing and validation stages of the classification was undertaken with the Western Australian non-government mental health support sector. This maximised the classification’s credibility to the field and ensured it was sufficiently generic to accommodate most of the service types provided in the sector.

Collectively, the categories contained in each level were referred to as “service groups”. There were three levels structuring the classification: service class, service type and service sub-type, in descending order. Both the service type and service sub-type levels refer to what type of service is provided. The service type level is an aggregation of the service sub-types (ie, the characteristics of the service type definitions also apply to the service sub-types).

The superordinate levels of the classification are aggregations of its subordinate levels (Hindle 1998); hence, activities were only specified at the lowest level of each service type. Therefore, where a service type was associated with a sub-type, activities were only specified for the service sub-type. Service activities were defined as “the actions or strategies of a particular service group provided to consumers, carers and/or their families, to achieve the intention of that service type or sub-type”. As a service group is defined as a cluster of activities that shares similar targets, characteristics or goals (Leginski et al 1989), the intention of the service was incorporated into the definition.

2: Glossary of psychosocial terminology

<u>Term</u>	<u>Definition</u>
Activity	A task/action provided by a service that, together with other service activities, comprises a service group.
Budgeting	Money management (income and expenditure).
Care co-ordination	The organisation of a client's care with other service providers and sectors as required (eg, referral).
Carer	An individual who has a major supporting role for an individual affected by a mental health issue.
Case management	Case management is a predominantly clinical service response which draws on the case manager's clinical skills in engaging with a person with a mental health issue and responding to his or her health needs. The case manager is responsible for advocating for the client, developing an individual service/program plan (ISP) and then co-ordinating and monitoring the services provided to the client in accordance with the ISP.
Client	A recipient of psychosocial rehabilitation services from a non-government organisation.
Community development	The process of involving communities in their own decision making about factors related to mental health and enhancing the capacity of communities to initiate and maintain their own development. It involves working directly with the community in the implementation of developmental programs.
Community integration	see community network
Community network	The individuals, groups and organisations that support an individual affected by a mental health issue to maintain tenure in the community and experience an improved quality of life.
Consumer	see client
Consumer participation	Deliberate involvement of service users in decision making about mental health services.
Correspondence	Active communication between individuals (usually via telephone, internet, e-mail or letter).
Crisis counselling	A service aimed at reducing an individual's immediate identified risk to themselves or others.
Domestic	Within the national context (ie, Australia).
Exit plan	A plan of referral and follow-up care for an individual affected by a mental health issue upon their departure from a service.
Facility based	A building (service provider owned or leased) where a service is offered or provided for clients affected by a mental health issue.
Human rights	The just entitlements of a human being as developed by the United Nations and Australia.
Individual service plan	A plan of continuing care developed for and by a client in conjunction with their case worker/manager, carer and/or other service providers.
Liaison	A communication and co-ordination relationship with another (eg, service provider, carer, mental health professional).
Mental health issue	An impairment of an individual's cognitive, affective or relational abilities that is associated with distress for the individual and may impair social functioning.
Needs assessment	The identification of an individual's psychosocial support requirements.
Non-professional	An individual without formal qualifications but who is qualified by virtue of their experience, life skills, abilities and/or training.
Opportunity	A time or condition favourable for a particular action or intention (includes the necessary infrastructure).
Outcome	The effect of service delivery beyond direct outputs (includes unintended consequences).
Output	The product/s produced or activities involved in delivering a service (often tangible and quantifiable).
Personal care	Assistance with tasks related to an individual's self-care, such as personal hygiene, medical care, grooming and laundry.
Professional	An individual with formal qualifications and any necessary training.
Psycho-educational groups	Structured, purpose-driven groups aimed at the development of specific life skills.
Psychosocial	Pertaining to an individual's psychological or social state of functioning.
Rehabilitation	The process of helping an individual minimise the effects of the symptoms and impairments of mental illness on major role skills and develop greater competencies in employment, activities of daily living and social performance (Test et al 1991).
Stigma	The negative characterisation or stereotyping of individuals with a mental health issue.
Substance misuse	Violation of the recommended use of a substance.
Tenant	A person with a mental health issue who rents a property.

The classification of service groups was based on the functional approach espoused by Leginski et al (1989). Each service group has a nominal title and a functional definition that contains a set of decision rules and a list of related activities. However, in recognition of the diversity of the non-government sector, in particular the range of activities provided by NGOs that are providers of the same type of service, classification at the service activity level is unreliable (Leginski et al 1989). That is, NGOs do not have to provide all the activities associated with a particular service group to classify themselves as providers of that service group.

Wherever appropriate, an attempt was made to define the service groups according to:

- the intention of their service
- the types of functions they perform
- the staffing intensity or type needed to perform them
- the level of planning
- the duration of the support
- the medium used to deliver the support.

These criteria serve as the decision rules that standardise the comparison of service groups, thereby providing the structural integrity of the classification. However, given the diversity of the services provided by the non-government sector, the decision rules were not consistently relevant for all service groups. Therefore, these criteria were applied wherever appropriate.

At this stage of classification development, the service groups contained in the classification do not represent units of service, or aggregates of actions that have the potential to be more discretely identified, and are intimately associated with costs (Leginski et al 1989). Nor are they intended to categorise or measure service outputs or capacities.

Initially, the proposed classification was predominantly based on the Western Australian service specifications and individual contracts. However, it was not designed to be a program-based classification (eg, Independent Living Program, Community Housing Development Program). Wherever possible, the lowest common denominators of service programs were included as service groups in the classification. That is, 'In-home support' and 'Accommodation' were identified as separate service groups, although both comprise the Independent Living Program in Western Australia. The classification of service groups below the existing program level contributed to a more flexible classification that can be adapted to reflect a developing sector. The preliminary classification represents those service groups currently in existence, rather than those that were, should be, or will be.

The validation of the preliminary classification with the Victorian Department of Human Services and a sample of Psychosocial Disability Support Service providers produced a classification that represented both states. Most service groups in the two frameworks were easily combined, with few changes in service group definitions or activities. Therefore, the validation process resulted in a nationally applicable classification that did not differ much from the preliminary classification.

A limitation of the classification is that the groups are not all mutually exclusive. In producing a classifi-

cation that was credible to the sector and to purchasers and planners, the service groups often contain identical activities. For example, care co-ordination, the development of an Individual Service/Program Plan, individual advocacy and the provision of information and education to clients, carers and the public were identified as activities common to all service groups. According to principles of classification, those activities that are provided across all service groups are redundant, as they do not contribute to the differentiation of the groups. However, to maintain the internal integrity of each service group and the overall flexibility of the classification, these activities were included in all service groups (except advocacy and community awareness, for which care co-ordination and the development of an individual service plan were not considered relevant).

The replication of service activities across service groups also applies across levels (ie, several of the activities characterising individual service groups may also be separate service types). For example, advocacy is an activity of all service groups but is also included in the classification as a separate service group. In this instance, the label applied to the service group, "advocacy", is not the same as the advocacy referred to in the activities list. An examination of the definition and associated list of activities reveals a much broader scope (both systemic and individual) than the type of advocacy performed at the activity level of the other service groups.

Overall, the specification of intention served to provide a summary of the potential population need that the classification addresses, in addition to serving as a decision rule that distinguishes service groups. This approach may inform the service planning process with respect to the development of a comprehensive framework for service delivery in the non-government sector that accounts for population need and the development of outcome measures for a minimum data set. A clear understanding of the types of services delivered by a particular sector is an essential prerequisite for the development of a minimum data set for the non-government sector.

Further validity testing and the development of tests of reliability for classification and coding of activity are being undertaken by other Australian states for purposes of moving the SDS to a minimum data set in relation to the national plan for mental health services information under the National Mental Health Information Working Group. The classification reported in this article provided a validated and standardised means of reporting services provided by the non-government sector.

Appendix: The validated classification of service groups and activities

1.0. Psychosocial rehabilitation

Definition: Refers to the processes, services and technologies that aim to facilitate an individual's restoration to an optimal level of independent functioning in the community, by encouraging active participation with others in the attainment of mental health and social competence goals.

2.0. Psychosocial support

Definition: *Working in partnership with the individual affected by a mental health issue and their carers to provide a range of support and skill development options addressing key issues in attainment of mental health and social competence goals.*

Activities that may be associated with, but are not limited to, psychosocial support include to:

- Assess psychosocial needs
- Assist with addressing complex social issues such as:
 - Relationship concerns
 - Social isolation and loneliness
 - Marginalisation
 - Parenting
 - Substance misuse
- Develop and/or re-establish family/social and community networks
- Refer individuals and assist them to access appropriate mainstream and/or specialised services
- Provide professional clinical services (eg, case management/care co-ordination)
- Engage in community development
- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

3.0. Independent living skills support

Definition: *The encouragement and support of people living with a mental health issue to participate actively in their day-to-day living in a community. Independent living skills support is provided in the place where the individual is residing on an as-needed or desired basis. The intention of independent living skills support is to maximise an individual's independent functioning in the community.*

Activities that may be associated with, but are not limited to, independent living skills support include to:

- Budget
- Assist with the organisation of household tasks such as:
 - Personal care
 - Cooking
 - Cleaning
 - Shopping
 - Pet care
 - Banking
 - Laundry/linen
- Provide regular social contact and maintain relationships/social support such as:
 - Assistance to attend appointment or visit friends/relatives
 - Telephone reassurance calls
 - Assist with participation in leisure, recreational, educational and/or vocational activities depending on the individual's interests and abilities
- Assist individuals to access and become familiar with community services and activities, including support groups

- Assist individuals to access and become familiar with public transport
- Assist with addressing complex social issues such as:
 - Relationship concerns
 - Social isolation and loneliness
 - Marginalisation
 - Parenting
 - Substance misuse
- Develop and/or re-establish family/social and community networks
- Liaise with Public Trustee Officer
- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

4.0. Accommodation

Definition: *Provision of housing that is linked to support services for people affected by a mental health issue. The intention of accommodation is to promote security by providing access to an appropriate place to stay.*

4.1. Crisis/interim accommodation

Definition: *Short-term accommodation, which may be staffed up to 24 hours a day, seven days a week for people affected by a mental health issue. Accommodation is facility based/residential with an average of 4 – 8 beds. Length of stay is generally limited to a maximum of three months.*

Activities that may be associated with, but are not limited to, crisis/interim accommodation include to:

- Provide individualised support to tenants including practical support to:
 - Assist with accessing community services;
 - Develop/maintain the skills of daily living; and
 - Offer skill development activities to the client.
- Develop and implement an individualised service plan for the client
- Liaise with a tenant's key worker, case manager and other agencies as appropriate
- Develop a plan for exiting the service, including long-term accommodation and support
- Provide opportunities for recreation
- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

4.2. Transitional supported accommodation

Definition: *Short to medium accommodation (3 - 12 months) that is provided in a residential/facility based setting.*

Activities that may be associated with, but are not limited to, transitional supported accommodation include to:

- Develop and implement an individualised plan for linkages with other agencies
- Liaise with a tenant's key worker or case manager as appropriate

- Provide individualised support to residents, including practical support such as assistance with accessing community services
- Maintain and develop the skills of daily living
- Provide opportunities for recreation
- Develop an exit plan, including long-term accommodation and support
- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

4.3. Headleasing

Definition: *Provides a supportive landlord service that assists tenants to access and maintain suitable accommodation and maintain their tenancies, and which is linked to support.*

Activities that may be associated with, but are not limited to, headleasing include to:

- Negotiate appropriate accommodation, leasing arrangements and property maintenance
- Arrange action with respect to building maintenance and control
- Set rents on a rent-to-income scale for individual tenants
- Obtain public liability insurance for each dwelling and building/property insurance
- Set and allocate shared tenancies in consultation with the appropriate regional health services and existing tenants
- Undertake property and tenancy management that is supportive and sensitive to tenants' needs and difficulties
- Arrange for maintenance and repairs, collect rent, organise any furniture and appliances that may be required at the commencement of the lease
- Develop and maintain inter-sectoral links to facilitate community housing
- Development of suitable protocols
- Liaise with local support services in order to facilitate tenants' housing stability
- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

4.4 Residential rehabilitation

Definition: *Short- to long-term residential facility based accommodation provided to people with 24-hour staff support.*

Activities that may be associated with, but are not limited to, residential rehabilitation include to:

- Provide individualised support to residents, including practical support to:
 - Assist with accessing community services
 - Develop/maintain the skills required for daily living
- Provide opportunities for social/recreational activities
- Provide opportunities for employment
- Develop an exit plan

- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

4.5. Long-term supported accommodation

Definition: *Secure long-term accommodation with staff support as necessary or desired.*

Activities that may be associated with, but are not limited to, long-term supported accommodation include to:

- Provide individualised support to residents, including practical support to:
 - Assist with accessing community services; and
 - Develop/maintain the skills required for daily living
- Provide opportunities for social/recreational activities
- Provide opportunities for employment
- Develop an exit plan
- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

5.0. Respite

Definition: *The provision of a planned break from the usual caring environment. This break may occur as the carer taking a break from their role as a carer or an individual affected by a mental health issue spending time away from the caring environment. The intention of respite is to enhance the coping mechanisms of both consumer and carer, and to allow a carer to look after their own needs.*

Activities that may be associated with, but are not limited to, respite include:

- Assess an individual's needs (involving the carer)
- Assess a carer's needs
- Assist with and develop skills required for day to day living
- Offer recreational activities
- Provide transport
- Provide companionships for outings
- Ensure safety of the individual in the carer's absence
- Promote community participation
- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

6.0. Recreation

Definition: *The provision and/or facilitation of a range of leisure and social opportunities to people affected by a mental health issue to enhance their social competence. The intention of recreation is to enhance an individual's social competence and to promote self-esteem and a sense of belonging in the community.*

Activities that may be associated with, but are not limited to, recreation include to:

- Provide and facilitate activities that address an individual's needs and interest
- Develop strategies that enhance an individual's feeling of self-worth, such as
 - Physical fitness
 - Illness management
 - Setting achievable goals
- Facilitate individuals to participate in a range of activities of their choice, such as:
 - Crafts
 - Games
 - Concerts
 - Sports
- Provide transport
- Develop and promote consumer-led recreation/leisure/cultural groups
- Connect individuals with other individuals with similar interests in the community by:
 - Peer support
 - Mentoring
 - Leisure buddies (volunteers)
- Promote broader community integration
- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

7.0. Self-help support groups

Definition: The provision of opportunities for people affected by a mental health issue to learn from and support each other. Support may be provided on a group or individual basis. Group meetings are usually planned, occurring either occasionally or regularly. Individual support is provided on a face-to-face basis or by telephone. The intention of self-help support groups is to develop an individual's understanding of mental health issues and coping strategies.

Activities that may be associated with, but are not limited to, self-help support groups include to:

- Provide supportive listening and debriefing
- Provide information about experiences and self-help/caring strategies
- Resources
- Provide trained facilitators to engage in meetings and follow-up
- Organise guest speakers
- Oversee administration activities, such as:
 - Advertising the group to obtain group members
 - Arranging meetings/activities
 - Arranging and providing transport
- Liaise with relevant health professionals
- Evaluate groups
- Referral to other support agencies
- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

8.0. Advocacy

Definition: The provision of assistance to people affected by a mental health issue to access their human and legal rights and promote reform. The intention of

advocacy is to reduce stigma, overcome discrimination and improve rights and access for people with a mental health issue and their carers.

8.1. Systemic advocacy

Definition: The representation and promotion of the rights, views and responsibilities of people affected by mental health issues in the community, public and private sectors at both domestic and international levels.

Activities that may be associated with, but are not limited to, systemic advocacy include to:

- Consult with groups and individuals on issues impacting on the quality of life, health and rights of people affected by a mental health issue
- Promote and represent these issues to governments and other relevant stakeholders
- Provide education about the human and legal rights of people affected by a mental health issue to stakeholders and the general community
- Monitor and identify legal and human rights issues through individual casework and advocacy
- Research, assess and evaluate health and rights issues of a systemic nature.

8.2. Individual advocacy

Definition: The representation and promotion of the rights and views of the individual affected by a mental health issue.

Activities that may be associated with, but are not limited to, individual advocacy include to:

- Assist with accessing appropriate services
- Represent the rights, views and needs of a person affected by a mental health issue
- Inform and advise people of their rights and responsibilities
- Provide support for people affected by a mental health issue to advocate on their own behalf
- Maintain up to date referral information and resource files
- Refer to appropriate services
- Monitor and identify legal and human rights issues through individual casework and advocacy
- Promote strategies that promote the maximisation of the quality of life of people affected by a mental health issue
- Train, empower and support people affected by mental health issues to act as consumer and carer representatives
- Train staff (paid and unpaid) and other stakeholders to act as advocates.

9.0. Community awareness/health promotion

Definition: Raising awareness about mental health/illness and those affected by mental health issues through the provision of information and/or education to the community, in order to enhance the community's capacity to support people affected by a mental health issue. The intention of community awareness/health promotion is to minimise stigma and discrimination about mental illness and enhance the community's capacity to support people affected by a mental health issue.

Activities that may be associated with, but are not limited to, community awareness/health promotion include to:

- Run community awareness campaigns and/or activities
- Produce and distribute education materials (eg, print media, videos, education kits)
- Co-ordinate educational groups and workshops targeted at particular community settings (eg, schools, GPs and police)
- Maintain accurate information
- Maintain resource and referral lists, through liaison with consumers, agencies, practitioners, families, carers and volunteers
- Provide a resource library for use by the community
- Provide volunteer training
- Facilitate consumer participation opportunities
- Hold public meetings and offer presentations to community groups.

10.0. Counselling

Definition: Services provided by professionals and non-professionals that provide emotional support, psychological support, assistance with achieving goals and the strengthening of community and social networks for people affected by a mental health issue. Counselling may be provided either face-to-face, by telephone or correspondence. The intention of counselling is to develop an individual's ability to cope.

Activities that may be associated with, but are not limited to, counselling include to:

- Perform a needs and risk assessment
- Provide direct counselling for different groups, including individuals, couples, families and groups
- Provide crisis counselling and/or intervention
- Provide psycho-educational groups
- Liaise and share information with other health professionals
- Refer individuals and assist them to access appropriate mainstream and/or specialised services
- Provide information and resources
- Provide staff and volunteer counsellors within the service/organisation
- Train other health professionals and non-health professionals external to the service/organisation
- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

11.0. Pre-vocational training

Definition: The provision of training and skill development to individuals affected by a mental health issue to facilitate their progress into employment of their choice. The intention of pre-vocational training is to promote autonomy and enhance self-esteem.

Activities that may be associated with, but are not limited to, pre-vocational training include to:

- Assess and develop skills to match an individual's skills (work skills, social skills, community access

and time management), interests and capacities to employment options

- Develop skills with appropriate levels of support, such as:
 - Clerical
 - Gardening
 - Computer
 - Cleaning
 - Retailing
 - Interview skills
 - Job applications
- Refer clients to relevant programs and agencies
- Prepare individuals to obtain employment
- Co-ordinate care
- Develop an Individual Service/Program Plan (ISP)
- Advocate for an individual
- Provide information and education (to clients, carers and/or the public).

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References

- Australian Bureau of Statistics (1998). Australian standard classification of occupations – ASCO coding system occupation level. Canberra: Australian Bureau of Statistics.
- Commonwealth Department of Health and Aged Care (1999). Mental health information development: national information priorities and strategies under the second national mental health plan 1998-2003 (1st ed). Canberra: Commonwealth of Australia.
- Hindle D (1998). Classifying the care needs and services received by HACC clients. April 1998, No. 3. Canberra: Commonwealth Department of Health and Family Services.
- Leginski W, Croze C, Driggers J, et al (1989). Data standards for mental health decision support systems. A report to the task force to revise the data content and system guidelines of the mental health statistics improvement program. Washington, DC: US Department of Health and Human Services.
- National Health Strategy (1993). Help where help is needed: continuity of care for people with chronic mental illness. National Health Strategy Issues Paper No. 5. Melbourne: National Health Strategy.
- Owens J, Stein I, Chenoweth L (1999). Action research. In: V Minichiello, G Sullivan, K Greenwood and R Axford (eds). Handbook for research methods in health sciences (pp. 247-270). Australia: Addison Wesley Longman.
- Salant P, Dillman D (1994). How to conduct your own survey. New York: John Wiley & Sons.
- Test MA, Knoedler WH, Allness D, et al (1991). Long-term community care through an assertive continuous treatment team. In: Tamminga CA and Schulz SC (eds). Schizophrenia research: Advances in neuropsychiatry and psychopharmacology (Vol. 1, pp. 239-246). New York: Raven Press.
- Wood C, Pennebaker D (2000). The non-government mental health services information project: Final report (Tech. Rep. No. 00-09). West Perth, Western Australia: Centre for Mental Health Services Research.

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