SA Health

A co-created Philosophy of Care

Version Two
DECEMBER 2022

THE AUSTRALIAN CENTRE FOR SOCIAL INNOVATION

LELAN

Government of South Australia
SA Health

The story of the Philosophy of Care

How it came to be in 2020 (Version One)

The Office of the Chief Psychiatrist (OCP) invited the SA Lived Experience Leadership and Advocacy Network (LELAN) and the Australian Centre for Social Innovation (TACSI) to lead co-design conversations with lived experience representatives in March 2020. The intention was to discuss and design what a Philosophy of Care needed to say in order to inspire the experience we want people to have when they come to the Urgent Mental Health Care Centre, 'the Centre'.

During this process LELAN and TACSI attempted to extract what was standing out as 'most important' from these conversations. We landed on six themes.

The hope was that the creation of a Philosophy of Care would guide every element of the Centre's design and existence moving forward. It can also serve to underpin many of the other lived experience related service design components in the SA Mental Health Services Plan 2020-2025 and beyond.

The Philosophy of Care captured what people shared in the co-design conversations.

The Philosophy of Care speaks for itself.

It would not have happened without the contributions from people willing to share their stories, past harms and desires for change – we remain grateful to them.

How it has been adapted in 2022 (Version Two)

More recently the Northern Adelaide Local Health Network (NALHN) saw an opportunity to adapt the Philosophy of Care for the establishment of a Head to Health Centre and Crisis Stabilisation Centre in Adelaide's North. These centres are components of the Bilateral Agreement and the Adelaide Primary Health Network (PHN) and the OCP are commissioning partners.

From this work, A co-created Philosophy of Care (V2) is a refreshed version of the original Philosophy of Care co-designed and released in 2020. The original contribution of consumers and carers is still included. However, some minor changes in language and a new component, Healing Spaces, have been added, given the specific purpose of this version. It shows the evolution of the expectation of the lived experience community when looking for mental health care and support.

Together, SA Lived Experience Leadership and Advocacy Network (LELAN) and the Australian Centre for Social Innovation (TACSI) worked with people with diverse lived experiences across two online workshops in November 2022 to understand how the existing Philosophy of Care needed to be adapted for this new context. There was particular attention given to how people would be supported to transition between the Crisis Stabilisation Centre and the Head to Health service and what needed to be included in relation to the beds that would enable overnight stays of approximately 3-4 days.

Again, members of the SA lived experience community shared the wisdom needed to enable the adaptation and have built upon the previous Philosophy of Care in order for it to remain a contemporary and integral tool to guide service transformation in SA.

What is the Philosophy of Care

A Philosophy of Care is a theory or attitude that acts as guiding principles for values and behaviour.

It has been designed to be a guiding light for the new Centre, to ensure the care that people truly want and need in times of distress and crisis, when life is most challenged and frightening, is always provided.

It is intended that it will underpin every aspect of the Centre, and provide staff of the centres a reference point when making all decisions; keeping them equally accountable and invested.

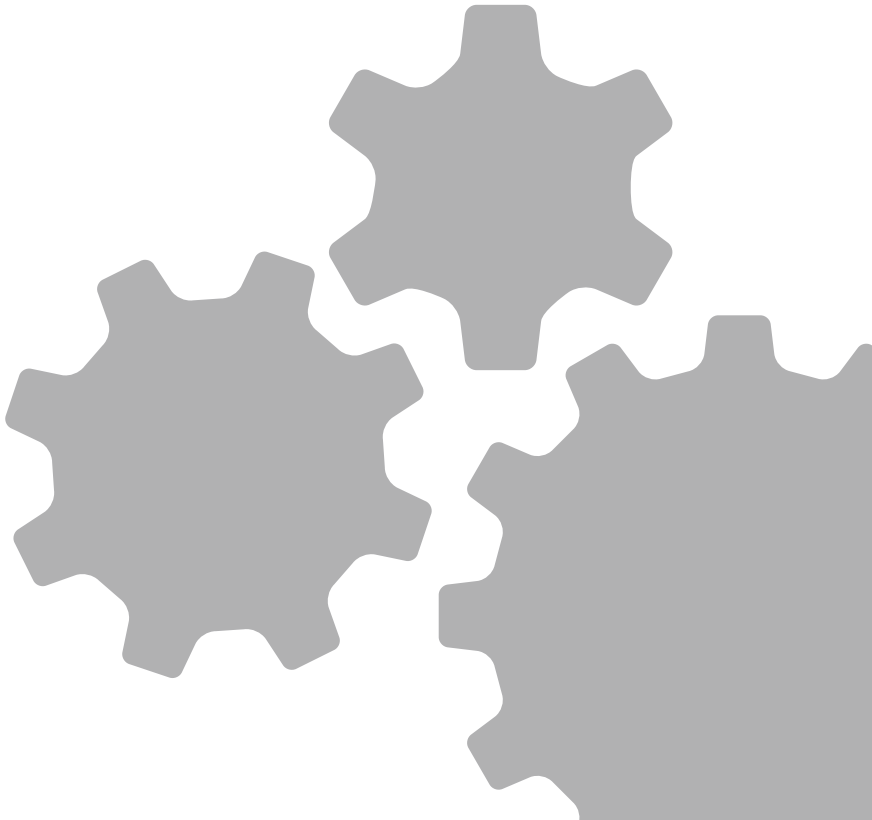
The Philosophy of Care is an invitation to do differently, and the community and people that access these spaces require all staff and people in governance and commissioning roles to be creative and courageous.

Again, and testament to members of the SA lived experience community, the Philosophy of Care speaks for itself.

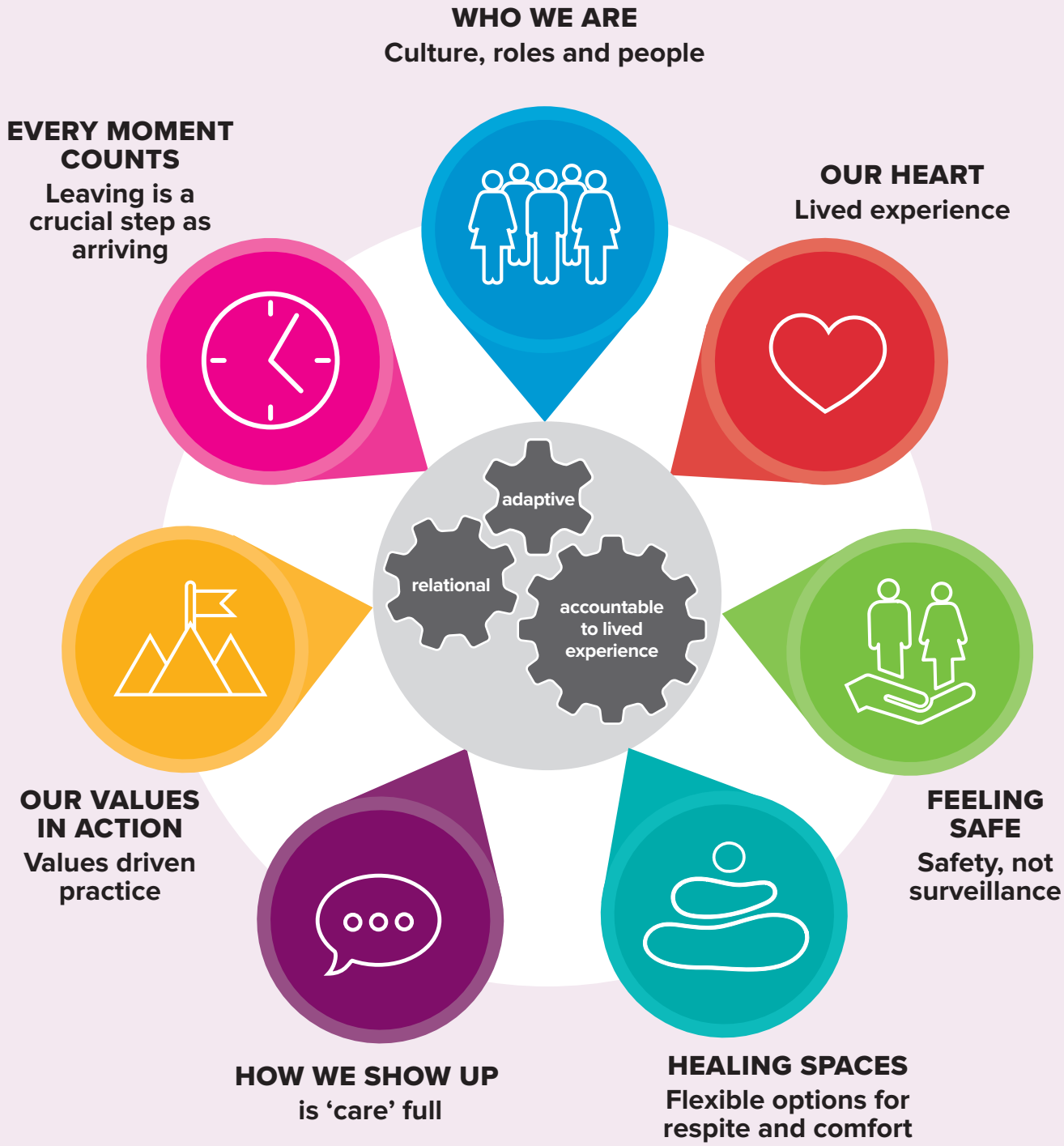
The strength of the Philosophy of Care is its connection and commitment to community. This means that upholding the Philosophy of Care and its oversight - including monitoring, evaluation, learning and governance - is in the hands of the SA lived experience community. It is the service that is accountable to them and the people that seek support from these spaces.

Throughout this document, people who attend the Centre are referred to as 'people seeking support' or similar, and people that care for or support them are referred to as 'carers' or 'supporters of choice'.

When we speak of people with lived experience fulfilling specific lived experience (peer) roles that are designated and paid – peer worker, lived experience leadership and governance or representative roles – we are informed by the National Lived Experience (Peer) Workforce Development Guidelines statement that *'key to qualification for lived experience roles, is that the experiences were so significant they caused the individual to reassess and often change their lives, their future plans, and their view of themselves'* (page 13). Peer workers offer a unique skill set and are trained and supported to intentionally use their lived experience to benefit others.



The Philosophy of Care



WHO WE ARE
Culture, roles and people

> ***"I just need someone to help me level out my emotions"***
>
> Co-design participant 2020

We value

that people truly feel valued and respected by a team of staff who willingly embrace and comfort people and each other.

Because

- People need to feel genuine care and support to be given the opportunity to connect to hope
- People need to know that their diverse and unique background won't inhibit them receiving holistic care equal to another
- Staff need to be supported to feel and model what they want people to experience
- It's all about the people and staff (People = people seeking support, carers and/or supporters of choice)
- At any time, in any of our lives, any of us may need a centre like this

Therefore we want to see

- That the Centre is offering an alternative, more holistic way of providing care
- People feel welcome, important, a priority and safe; because they are
- Staff who are tuned in to how their presence affects the people
- Staff who have the ability to adapt to understand and serve the needs of the people
- Staff who are supported to genuinely provide great care through the allocation of time needed to support people, as well as time for themselves and the team to debrief, reflect and develop practice
- Diverse cultural needs being acknowledged and represented within the team
- Staff collaborate with and connect to services and people outside of the Centre to support transitions, partnerships and additional care and support
- Therapeutic options e.g. dogs, art, music

And this means people will experience

- The absence of being treated in a pathologising and reductive manner
- Reassurance that they are having a human experience
- Sensitive and culturally safe care
- Multiple opportunities to feel self-empowered, able to advocate for their needs and a knowing that they matter
- Care that sets them up to be cared for, to make their own choices about the care they want and need and to leave feeling stronger
- A team of staff who champion recovery, new ways of supporting people and maintain relentless belief in the capacity for healing

OUR HEART
Lived experience

> ***"It's nearly impossible to advocate for yourself when you are in the thick if it"***
>
> Co-design participant 2020

We value

the presence, inspiration, leadership and expertise of lived experience including the people who seek support and the peers who provide it, including carers and/or supporters of choice.

Because

- People with lived experience are beacons of hope and living proof of transformation
- Lived experience offers connection and validation of experience that is hard to find words for but we know they get it
- Lived experience can offer different perspectives to clients and clinicians
- Lived experience enables true vulnerability, respect and trust – without these, healing would be inhibited
- Lived experience proves resilience and strength
- Clinicians frequently have lived experience and there is an opportunity to support them to name that and strengthen and integrate it into their practice

Therefore we want to see

- Active reflection of staff (including clinicians) on how they draw on their own and honour the lived experience of others within their practice
- Lived experience roles that provide the TIME, flexibility and continuity for the person to be cared for
- Peers assist communication of a person's story and preferences with other staff and supporters of choice, where appropriate, relevant and with permission
- Clinical and peer partnerships within the Centre working well and witnessed by others – the person seeking support is the centre of all of these meaningful interactions
- Staff actively learning from and responding to feedback from people seeking support and lived experience practice
- Peer workers are physically there from the point of entry, throughout the care experience and when leaving, displaying that they have been in a similar place and provide safety, solace and hope
- People with lived experience in leadership roles that specifically focus on monitoring, evaluation, and governance of the Centre and the care experience
- Peers-like-us – peers that represent the community are able to support people with diverse lived experiences and identities that come to the Centre. Eg. cultural, First Nations, trauma, disability, LGBTIQ+ etc)

And this means people will experience

- The philosophy of lived experience (regardless of whether all staff have experienced the same thing they acknowledge and take seriously the enormity of each person's distress)
- An understanding of why they are there and what they can access
- A sense of hope and partnership – 'if we can find out what went wrong, then we can work out some strategies'
- Care from a true multidisciplinary team who are connected and supported well themselves
- Large ratios of peer workers in frontline roles and lived experience leaders in governance structures (minimum 50% representation) where every person centres the people seeking support no matter their role

FEELING SAFE
Safety, not surveillance

> ***"Feeling safe and like it's a place that actually cares (is crucial to the success of the Centre). They have given me a choice here and I feel safe coming here"***
>
> Co-design participant 2022

We value

a Centre with a mental health specific focus that promotes safety for all with a commitment to de-escalation and wise decision-making practices (regarding security and emergency service personnel).

Because

- Everyone's safety matters
- No person or situation is the same and different people require a tailored response
- Visible signs or the threat of force can exacerbate distress

Therefore we want to see

- Members of the staff eliciting trust and having the skillset (specifically to support a calm environment in times of extreme distress)
- All staff are trained in mental health, trauma informed care and safety considerations for gender and/or neurodiverse peoples
- Staff are trained and confident in de-escalation strategies
- That care continues no matter the situation and preferred lived experience or clinical staff remain connected to the person as the primary contact;
- Not a security guard to watch over them
- Contact remains even if dangerous behaviour requires a person to leave the Centre for a period of time
- The role of staff is identifiable, and they are equipped to respond to the safety needs of the people and to any situation that emerges

And this means people will experience

- Less coercion and restrictive practices at the Centre
- A sense of security that is not threatening, traumatising or dehumanising for people who seek support or carers and/or supporters of choice
- Not being judged or excluded due to a perceived risk, previous presentation(s), a single behaviour or a symptom
- Opportunities to return to the Centre after leaving due to unsafe behaviour based on compassion, clear planning, decision making and dialogue

HEALING SPACES
Flexible options for respite and comfort

> ***"The more individualised the better it is"***
>
> Co-design participant 2022

We value

restorative healing spaces that are welcoming environments that provide people with flexibility, rest, privacy, choice and respite.

Because

- Sometimes people require the right people and place to provide support, hope and the tools to reset
- Sometimes doing it on our own is hard
- People deserve care and spaces that provide time to plan for next steps and paths for self-healing
- People sometimes need a higher level of support than they have access to in their lives, where inpatient hospital settings are not needed or the right fit

Therefore we want to see

- Flexible, non-clinical rest options
- Calm and low intensity environments with connection to the outdoors (ie windows and outdoor space)
- Spaces that allow for privacy and adaptation where people have choice to be in their own space or with other people seeking support to promote collective healing and peer connection
- Short stay care experiences that are co-created by the person and the staff there to support them
- Care experiences that will support people to meet their commitments outside of the Centre (eg. pets at home) where possible
- People who seek support are trusted and respected to make decisions and when possible, can freely come and go during their stay
- Care that supports loved ones (including young children and supporters of choice) to be involved in safe, supported, flexible and creative ways
- Choice of diverse supports including individual and collective conversations, creative and practical activities, helpful information, therapeutic responses and nutritious food
- Collaborative supports from both peer and clinical staff that help people plan for and access other supports during and post their stay, warm referrals are more likely to be followed through on

And this means people will experience

- An opportunity to build strength and confidence to move forward after their stay with increased hope and a clear plan of choices and supports
- Care that has provided opportunities to learn about new strategies when facing challenging times
- An understanding of, a familiar connection to, and an open door to reconnect with the Centre at any point in time
- A sense of self-empowerment, knowing that they have directed their own care experience with the support of a committed, compassionate, prepared and well supported team

HOW WE SHOW UP
Is 'care' full

> ***"Same disorder, different people - I want choice and the right to define"***
>
> Co-design participant 2020

We value

language, approaches and presence that are connecting, compassionate and kind.

Because

- Everyone has different roles, needs and diverse ways of communicating, but we all have the same rights
- Respecting a person's dignity and comfort matters
- People whose experience and distress is validated will be more open to the support that is offered
- People who feel understood by others are more able to make sense of their own recovery
- Words and actions shape experience, they have the power to harm or heal
- People have a real and often painful story to tell that has led them to seek support. We approach the retelling with care, caution and choice

Therefore we want to see

- Staff embodying the belief that every interaction will be healing
- Actions that tell people, 'you have done the right thing, you are in the right place, we can work this out'
- Staff nurturing interactions that are non-judgmental, respectful and accepting
- Staff that take the time to truly hear people, the said and the unsaid, noting the stories that matter most to their current distress and the support they require in that moment
- Space provided for people to tell staff who they are and what is happening in their life rather than the exchange being based solely in relation to diagnoses, medication or what is wrong with someone
- Relationships between staff and people accessing support that centres consumer experience, partnership and offers and enables self-determination
- An environment that prioritises calm and enables people to make their own choices around sensory modulation and self-care
- A care experience that helps people to know about and access other supports - because the service is only part of the journey or people

And this means people will experience

- Feeling accepted, respected, validated and supported; they will feel 'seen' and 'heard' and not merely 'serviced'
- Being active participants in the care that they receive with self-determination a key driver in decisions
- Not feeling blamed, shamed or judged for accessing support
- Caring and compassionate conversations and interactions during a really tough time
- Recognition that experiences of distress are more than a label

OUR VALUES IN ACTION
Values driven practice

> ***"Care that people don't want to run from"***
>
> Co-design participant 2020

We value

a Centre committed to values driven practice, where all people matter and understanding experience is personal.

Because

- People's experience of the world is always changing and hugely impacted by social influences and relationships

Therefore we want to see

- Staff that 'get it'
- Staff that have a clear commitment to a non-coercive culture and upholding human rights
- Staff that are led by a belief that people are the experts of their own lives
- Staff that want to work at the Centre and feel they are a part of its rhythm
- Welcoming environment and interactions
- People being sat with is prioritised and not compromised by 'assessments' or administrative processes
- The time needed to provide great care is the time taken to connect, understand and purposefully respond
- Staff that have an understanding of the complexity of people's lives and stay with them to work it out together
- An inquiry style for talking with people that is exploratory rather than accusatory
- Conversations that are more than mental illness focused and explore what led to accessing help at that particular time, without ignoring clinical or higher level of care needs
- Interactions, time and space that invite people to share their truth
- Decisions being made about how a person wishes to be cared for within the Centre prioritises the wishes of the person, within the bounds of what the Centre can provide (which is transparently shared with people)

And this means people will experience

- A cohesive and strong staff group where each feels they are a part of something bigger than themselves
- Authentic care that is safe, hopeful and helpful
- Less coercion, harm or traumatising experiences

EVERY MOMENT COUNTS
Leaving is as crucial a step as arriving

> ***"Leaving a service, that is where I have been let down time and time again"***
>
> Co-design participant 2020

We value

genuine connection with peers and clinicians and linking people to what they need so they feel stronger and more hopeful.

Because

- Leaving is just as important as arriving, as is every transition between workers and service responses - transitions and the in-between matters
- Peer workers help break down confusion and help people know what comes next
- Recovery happens in the community and people want to get on with their lives
- We know that follow-up, including non-clinical support, helps
- Just the right amount of information provides a useful guide for people who seek support and carers and/or supporters of choice to feel less alone with recovery

Therefore we want to see

- Peers first, peers last - Peer workers as integrated and valued team members fulfilling leadership roles at points of arrival, transitions and departing
- A plan based on people's choices that is not complicated or overwhelming and is helpful for the person. It may include goals, follow-up recommendations or what they could do in the future when distressed
- Transparent and collaborative communication with people who seek support carers and/or supporters of choice and any agency that is involved or will be involved in supporting a person
- People are included in decisions around what information is shared and with whom
- Adaptations are made to the care experience based on cultural needs and wishes
- Carers and/or supporters of choice are valued and supported and are set up to succeed in walking alongside the person they care for especially when planning to leave the Centre
- The service offering begins at the initial time of making contact even when people are waiting to 'enter' services or more formally receive support, which may be through this centre or another service option in the community

And this means people will experience

- Leaving the Centre feeling like they have been heard and helped
- Carers and/or supporters of choice feel supported and included in their role
- A sense that the right supports are in place, giving them the best chance of recovery
- Helping people to take the next step after they leave the Centre through warm referrals or follow-up
- Feeling empowered and knowing their privacy is respected
- Leaving with a sense of control and hope

Recommendations

There are many elements in the *Philosophy of Care* that require stand alone, robust and inclusive co-production processes to ensure they are planned, designed, decided on and implemented in the spirit and commitment of an 'alternative' and not just the same provisions in a different space.

We recommend any organisation drawing on the Philosophy of Care in their practice and services to involve people with lived experience expertise and leadership in its adoption.

Commissioning –

What accountability mechanisms will be in place within commissioning to ensure implementation of the Philosophy of Care aligns with the needs, preferences and rights of people with lived experience and the broader community?

How will people with diverse lived experiences be included in commissioning panels and decision-making processes?

How will commissioned service providers and key partners demonstrate their commitment to upholding the Philosophy of Care?

How will commissioned service providers be supported to take the time needed for authentic co-production from the very beginning of formulation and planning to implementation and evaluation?

Service model –

How will the team of clinical and non-clinical staff, that includes peers, be supported to authentically co-deliver the service model?

How will criteria for who can access the Centre be aligned with a hopeful and whole of person approach versus traditional categorisations of people that are excluding, discriminatory and harmful?

How can the arrival of people by first responders or the presence of security be designed to have minimal visibility and effect on people seeking support.

How will the relationship to 'risk' and risk appetite be considered in the spirit of alternative practices that centre the dignity of people, where new and diverse tolerances and governance approaches are explored?

Implementation –

How will the model remain adaptable and responsive to the people that are present at any moment in time, where people seeking support and their supporters of choice can shape the environment they are in, the support options available and care decisions and outcomes for their own lives?

How will people within the Centre be aware of and connected to the eco system of supports around them and commit to inviting specific people and practices into the Centre based on the needs, preferences and rights of people seeking support?

How will the service be supported to make real time improvements as new opportunities, challenges and emerging person-directed and -led practices arise?

How are staff supported to continuously reflect on their practice and own wellbeing?

What is the mentorship, supervision and leadership model that best enables practice alignment with the Philosophy of Care and the Centre's broader commitment to provide alternative services for people seeking support?

Governance –

How will the experiences, insights, contributions, leadership and influence of people with lived experience be embedded in governance structures and decision-making processes?

How will governance approaches hold space for truly person-directed and -led care, clinical decision-making and peer-led service innovations?

What level of decision-making authority will staff have and what level of governance power will overarching organisational structures and/or partnership agreements hold?

How are governance structures designed that build trust, confidence and decision-making power with staff.

What does accountability aligned to the Philosophy of Care, that centres the community and people with lived experience, look like and how is it best enacted?

How do we make accountability lines transparent?

When decisions are hard to make how might you enact a lived experience majority decision-making process?

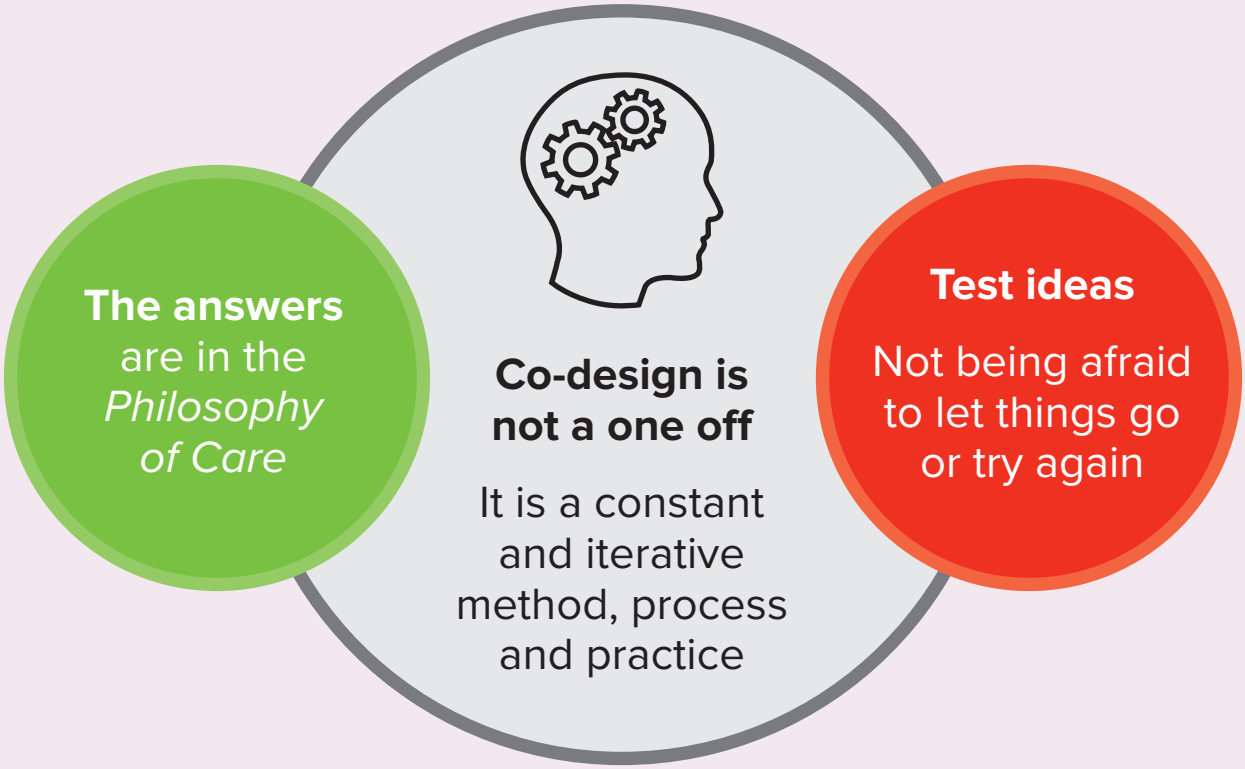
Evaluation –

How will the service continue to evolve its understanding of what 'good' outcomes look like by enabling a peer to peer evaluation processes throughout and post the service experience?

How will transparent and honest reflections of what worked well, and what worked less well or not at all, across the Centre/service establishment, operations and governance be shared with community and across the broader system landscape to inform future care and service innovations?

Mindsets

This is how to be in the work in order to stay true to intentions and commitments. It is about remembering:



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Interpreter

 ISBN: 978-1-76083-652-8 FIS: 23072 June 2023.

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