



SA Health

# A co-created Philosophy of Care

July 2020



## The story so far

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 6 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.

The below has 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.

## Aboriginal acknowledgment

We acknowledge Aboriginal people as the first Australians, traditional owners of South Australia, and respects their ongoing living and spiritual relationship with the land and sea. We respect and celebrate the many Aboriginal peoples and lands across the state.

We also acknowledge that past government policies contributed to the marginalisation, disempowerment, breakdown of connection to country, removal of Aboriginal children from their family, loss of land and income, and loss of culture and language of Aboriginal South Australians.

We work towards helping all South Australians achieve the best possible mental health by providing the best mental health care services, through actively promoting good social and emotional wellbeing in the community and supporting people who experience mental illness towards recovery.

## People with Lived Experience acknowledgment

We acknowledge that contribution to the co-design of this document came from a wide range of people who have experience at an Emergency Department when mentally unwell, including Aboriginal people and people with culturally and linguistically diverse backgrounds, LGBQITA+ and many other lived experiences. Their perspectives are reflected within this document.

## **What is the *Philosophy of Care***

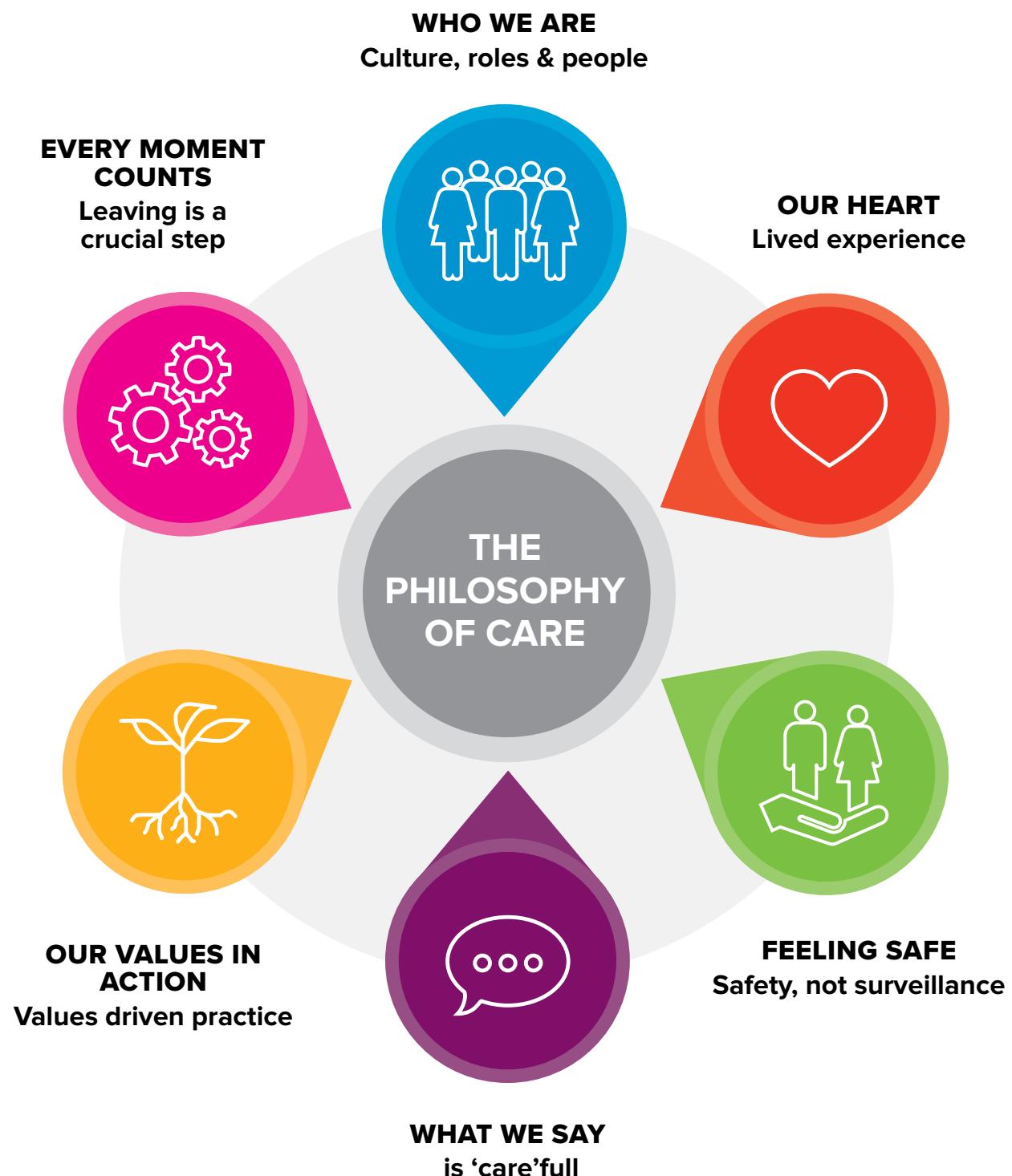
**A *Philosophy of Care* is a theory or attitude that acts as guiding principles for values and behaviour.**

It is being designed now in order to be a guiding light for the 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 Centre a reference point when making all decisions; keeping them equally accountable and invested.

When we talk about lived experience and the peer workforce we are including people who have experienced mental illness/issues (consumer / consumer consultant) and those who have supported them (carer / carer consultant).

## The *Philosophy of Care*



# WHO WE ARE

## Culture, roles & people



***“I just need someone to help me level out my emotions”***

Co-design participant

### 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 = Help seeker, carer, family)
- 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
- 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 empowered
- 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 and maintain relentless belief in the capacity for change

# OUR HEART

## Lived experience



***“It’s nearly impossible to advocate for yourself when you are in the thick of it”***

Co-design participant

### 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**

### Because

- People with lived experience are beacons of hope and living proof of transformation
- 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 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 and continuity for the person to be cared for
- Peers assist communication of a person's story with other staff, 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 lived experience skills and approaches
- Peer workers are physically there from the point of entry, displaying behaviors and comfort that they have been in a similar place and provide safety, solace & hope

### 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
- Large ratios of peer workers to clinicians (ideally 3:1)

# FEELING SAFE

## Safety, not surveillance



***“Safety is important but I don’t want to be ruled out because of my history”***

Co-design participant

### 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)

### Because

- 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 and trauma informed care
- Staff are trained and confident in de-escalation strategies
- That care continues no matter the situation and 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
- A sense of security that is not threatening, traumatising or dehumanising for consumers or carers
- Not being judged or excluded due to a perceived risk, previous presentation(s), a single behavior or a symptom

# WHAT WE SAY is 'care'full



***“Same disorder, different people - I want choice and the right to define”***

Co-design participant

## We Value

**language and approaches that are connecting, compassionate and kind**

## Because

- Everyone has different needs but has 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 shape experience, they have the power to harm and heal

## 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
- 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 with 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 this means people will experience

- Feeling accepted, respected, validated and supported; they will feel 'seen' and 'heard'
- 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 during a really tough time
- Recognition that experiences of distress are more than a label

# OUR VALUES IN ACTION

## Values driven practice



***“What’s needed - it’s so much more than just medication”***

Co-design participant

### 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

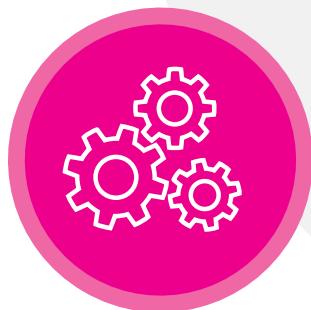
- Staff that 'get it'
- Staff that want to work at the Centre and feel they are a part of its rhythm
- Welcoming environment and interactions
- People being sat with
- The time needed to provide great care is the time taken to connect, understand and purposefully respond
- An inquiry style for talking 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 but doesn't ignore possible pathology
- Interactions that invite people to share their truth

### 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
- Care that people don't want to run from
- Less coercion, harm or traumatising experiences

# EVERY MOMENT COUNTS

## Leaving is a crucial step



***“Leaving a service, that is where I have been let down time and time again”***

Co-design participant

### 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
- 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 consumers and carers to feel less alone with recovery

### Therefore we want to see

- Peer Workers as integrated and valued team members
- Enough peer workers are employed to meet demand and ensure peers are the first and last contact points at the Centre
- A plan 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
- Open communication with consumers, carers 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

### And this means people will experience

- Leaving the Centre feeling like they have been heard and helped
- Carers 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

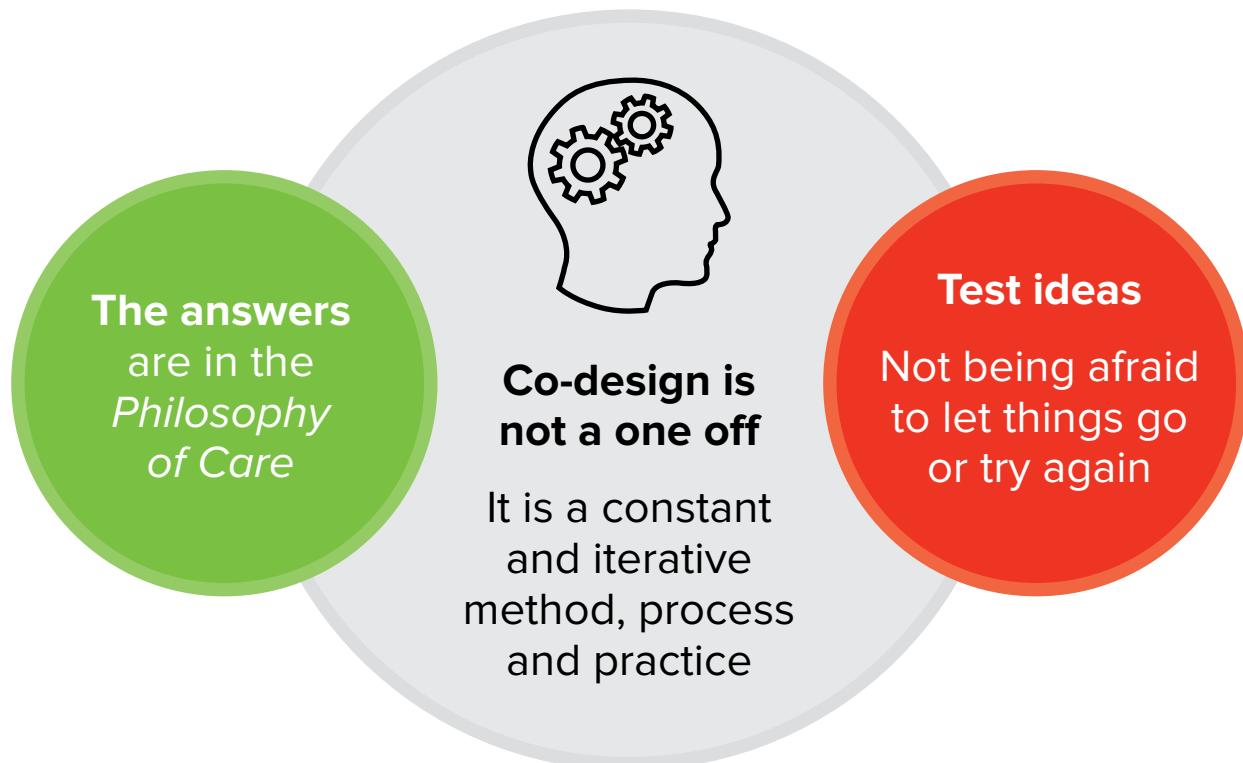
There are many elements in the *Philosophy of Care* that require stand alone, robust co-design processes to ensure they are designed in the spirit and commitment of an 'alternative' and not just the same provisions in a different space. We recommend the OCP convenes members of the *Philosophy of Care* co-design group to do this specifically on the following elements:



## Mindsets

This is how to be in the work in order to stay true to intentions and commitments.

It is about remembering:



For more information

**Office of the Chief Psychiatrist**  
PO Box 287 Rundle Mall  
Adelaide SA 5000  
Telephone: 08 8226 1091  
[www.chiefpsychiatrist.sa.gov.au](http://www.chiefpsychiatrist.sa.gov.au)

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