Family & Carer
MENTAL HEALTH INFORMATION GUIDE

NSW Government Health
Southern NSW Local Health District

family and carer
Mental Health Program NSW
Family and Carer Mental Health Information Guide

Contents:

1. Rights and Responsibilities of Families, Friends and Carers
2. Designated Carer and/or Principal Care Provider
3. Understanding the Mental Health Act
4. Understanding Mental Illness
5. What to do in a crisis
6. Triage and Emergency Care Support (TECS)
7. Community Mental Health Services
8. Drug and Alcohol Services
9. Health Care Interpreter Services
10. Culturally & Linguistically Diverse (CALD)

Inpatient Units

11. Bega Valley Mental Health Inpatient Unit
12. Chisholm Ross Centre, Mental Health Inpatient Unit
13. David Morgan Centre - Psycho Geriatric Unit and Dementia Support Unit
14. Ron Hemmings Centre (Rehabilitation Unit)

Other Resources

15. Information Booklet for Families and other Carers
16. NSW Carers Charter
1. Rights and Responsibilities of families, carers and friends

Who is a carer?
“A carer is a family member, friend, neighbour or other community member who provides care and assistance to another person, often in a regular and sustained manner without payment other than in some cases a pension or benefit." (NSW Carers Action Plan 2007-2012). Carers include young people who have a sibling, parent or other family member with a mental illness.

A consumer is someone who has used or is using, a Mental Health and Drug and Alcohol service.

The role of families, friends and carers
Mental Health/Drug and Alcohol (MHDA) Services values the significant contribution made by families and friends caring for people with a mental illness or substance misuse disorder. A collaborative partnership between the consumer, carer and service staff is the best way to achieve positive outcomes for all parties.

We recognise that the carer role is complex, changes over time and can vary with the consumer’s and the carer’s stage of life, stage of illness and other influences.

Rights
As a family member or carer associated with MHDA Services you have the right to:

➢ Have your individual worth, dignity and privacy respected and have your knowledge and experience valued.
➢ Access information, education, training and support to help you understand, advocate and care for your family member/friend.
➢ Access information and support for yourself as a family member, friend or carer.
➢ Be given information regarding the availability of MHDA services.
➢ Request a review of the risk status of your family member/friend.
➢ Provide information concerning your family member/friend’s history.
➢ Seek further opinions regarding the care and treatment of your family member/friend.
➢ Place limits on your availability to your family member/friend.
➢ Expect MHDA professionals to be aware of and sensitive to your cultural background.
➢ Have access to accredited interpreters when interacting with the service.
➢ To make a complaint without fear of reprisal by the person or service against whom the complaint has been made.
➢ Have a support person present when interacting with service providers.
➢ Be provided with written and verbal explanations of rights and responsibilities as soon as possible after contacting the MHDA Service.
➢ Be provided with information regarding your family member/friend’s diagnosis.
➢ Meet with the treating team, including the medical officer, especially during their family member/friend’s admission to a Mental Health Inpatient Unit (MHIU).
- Participate in the psychiatric and clinical reviews of your family member/friend.
- Be advised if there is any elevated risk (including suicide) in the period immediately following transfer of care (leave or discharge) of your family member/friend from a MHIU.
- Receive information regarding the role of the police in a mental health crisis.
- Have involvement in leave and transfer of care processes, including the development of care plans and consumer wellness plans.

**Responsibilities**

Families and carers associated with the SNSWLHD MHDA Service have the responsibility to:

- Be considerate and respectful towards the people using the health service, their families and carers, and staff.
- Ensure their actions do not compromise the safety of the people using the health service, their families and carers, or staff.
- Respect the right of people living with a mental illness to not have family/carers involved in their care (except Designated Carers and/or Principal Care Provider as defined and described in the MH Act).
- Respect the need for staff to comply with legislation, such as with regard to the information that they can share with families and carers about the consumer.
- Provide timely and relevant information about the person living with mental illness, to assist clinicians to provide the most appropriate assessment, treatment and support.
- Liaise with staff if they would like to bring children to visit their relative or friend in an inpatient unit. Children are very welcome, however it is best if the service is prepared for their visit, so that appropriate space and activities can be made available.
- Let health professionals know of their religious and cultural beliefs and if they have any impact on the support provided to them by the health service, or the treatment recommended for their relative or friend.
- Consider the opinions of professional staff regarding the treatment and care of their relative or friend and consider participating, given the consumer’s consent, with the consumer and health professionals in implementing a care plan.
- Comply with relevant legislation concerning the treatment of people living with a mental illness (for example Community Treatment Orders).

**Providing feedback**

The management and staff of SNSWLHD MHDA Service are committed to meeting the health needs of people living with a mental illness. The family or carer is invited to provide comment about the care or service they, or their relative or friend receives in a hospital or community health centre. This may be in the form of a comment, complaint or compliment. The feedback is used to improve the services SNSWLHD offers. If the family or carer has a comment, complaint or compliment about the MHDA service, they may:

- Speak with, or write to the relevant healthcare professional, Nursing Unit Manager, Team Manager or Mental Health Service Director.
- Request an interpreter to assist them with their concern or compliment.

If the family member or carer has made a complaint and it has not been resolved to their
satisfaction, they may write or email the Chief Executive at:

Southern NSW Local Health District  
PO Box 1845  
Queanbeyan NSW 2620

Email: consumerfeedback@health.nsw.gov.au

If the family member or carer is still not satisfied by the response from the health service, they may contact: Health Care Complaints Commission

SNSWLHD Complaints Line 1800 662 167

Locked Bag 18  
Strawberry Hills NSW 2012  
Telephone: 9219 7444  
or 1800 043 159  
Email: hccc@hccc.nsw.gov.au  
Web: www.hccc.nsw.gov.au

Also see the Carers (Recognition) Act 2010

Please do not hesitate to speak with the Treating Team if you have any questions or concerns regarding your family member/friend. As well, they can advise you how to access support, education and respite services for carers.
2. **Designated Carer and Principal Care Provider**

*And the Mental Health Act 2007 and Mental Health Amendment (Statutory Review) Act 2014 No 85*

**What has changed?**

Amendments to the Mental Health Act 2007 strengthen the role of carers. The Act introduces the terms "Designated Carer" and "Principal Care Provider" and contains guidance and regulations about the carer role and what rights they have.

The Act states that the 'authorised medical officer' (AMO) or 'Director of Community Treatment' is required to share information with, notify, give consideration to information provided by, and involve 'Designated Carers' and/or 'Principal Care Providers' in the care and discharge planning of the consumer (patient).

**Who is a Designated Carer?**

The term 'primary carer' has been changed to 'Designated Carer'. There has been no change to the definition. A Designated Carer is a guardian, or the parent of the consumer who is a child. If the consumer is over 14 and is not under the Guardianship Act 1987, then the 'Designated Carer' is the person nominated by the consumer.

**Who is a Principal Care Provider?**

A 'Principal Care Provider' is the individual who is mainly responsible for providing support care to the consumer (other than completely or usually on a paid basis). An AMO or director of community treatment may decide who the Principal Care Provider is. A Principal Care Provider may also be a Designated Carer of a person.

If the consumer does not nominate a Designated Carer, the Treating Team can nominate a Principal Care Provider, who usually is:

- The *spouse* of the consumer, or
- Any person who is *primarily responsible* for providing support or care to the consumer, or
- A close *friend or relative* of the consumer

A Designated Carer and/or Principal Care Provider must consent to the nomination. A nomination remains in force for 12 months or until it is revoked in writing. A consumer may also nominate people who are to be excluded from being given information including the Designated Carer and/or Principal Care Provider (a consumer under the age of 18 cannot exclude their parents). As well, the Treating Team is not obliged to inform or involve a carer if they reasonably believe that to do so, may put the person or a carer at risk of serious harm.

A nomination or revocation may not be put into force if:

- To do so may put the consumer or nominated person at risk of harm.
- The consumer was incapable of making the nomination or revocation.

**Designated Carers and/or Principal Care Providers must be:**

- Notified of hospitalisation *no later than 24 hours* after the person is admitted.
- Notified of a mental health inquiry.
- Notified of the *type and dose of medication* that the consumer is prescribed on request.
- Notified of events affecting the consumer when detained in a mental health facility e.g.:
The consumer is absent from the facility without permission or does not return from leave.

The consumer is to be transferred.

The consumer is discharged.

The consumer is reclassified as a voluntary consumer.

ECT is proposed.

A surgical operation is performed

Any proposal to the Director General or Tribunal for consent to surgery or special medical treatment is made.

Support and Information for Carers: One Door Mental Health Carer Services
Supports the Carers of people with all types of mental illness. See Brochure for contact phone numbers included in this Pack.
Phone: 0403 005 523
http://www.onedoor.org.au/services/carer-services

Carers ACT - Mental Health Respite Program
This program provides planned and emergency respite option services to support families and carers of people with mental illness, psychiatric disability or intellectual disability.
Phone: 1800 052 222
https://www.carersact.org.au/

Young Carers:
Contact Carers Australia
Phone: 1800 242 636
http://www.youngcarers.net.au/

Contact Carers ACT
Phone: 1800 052 222
https://www.carersact.org.au/information-for-carers/support-for-young-carers/

Carer Gateway
Call 1800 422 737 for more information.
www.carergateway.gov.au

The NSW Transcultural Mental Health Centre
Free call 1800 648 911

Carers NSW Australia
The National Carer Counselling Program provides short term counselling services specifically for carers.
Phone: 1800 242 636
Website: www.carersnsw.org.au

Mental Health Carers NSW
Formerly Mental Health Carers ARAFMI NSW
www.arafmi.org

Children of Parents with a Mental Illness (COPMI)
http://www.copmi.net.au/

WayAhead:
The Mental Health Association of NSW directory of Mental Health Services in NSW
www.wayahead.org.au

Healthdirect Australia
Healthdirect Australia manages the following healthcare services:
- healthdirect nurse helpline/health information
- after hours GP helpline
- Pregnancy, Birth and Baby
- mindhealthconnect
- National Health Services Directory
- My Aged Care

Phone: 1800 022 222
http://www.healthdirect.gov.au
Family and Carer Mental Health Program (FCMHP):

Understanding the Mental Health Act (2007) Website:

The website contains a range of user-friendly resources, including the following:

- Fact sheets for Consumers, Carers, young people, Clinicians, Accredited Persons and Medical Practitioners
- Useful links and information relating to the Mental Health Act

Disclaimer: Every effort has been made to ensure that the information is correct but it should not be a substitute for the NSW Mental Health Act 2007 and subsequent Amendments.

Please do not hesitate to speak with the Treating Team if you have any questions or concerns regarding your family member/friend. As well, they can advise you how to access support, education and respite services for carers.
3. Understanding the Mental Health Act and Amendment 2014
Voluntary and Involuntary Treatment

The NSW Mental Health Act 2007 and Mental Health Amendment Act 2014 [NSW] are Acts of Parliament that govern the care and treatment of people in NSW who experience a mental illness or a mental disorder. The Act states that people with a mental illness or a mental disorder are to receive the most helpful care and treatment possible, in the least confined surroundings, and that recovery is to be promoted.

Who is a mentally ill person under the Act?
A ‘mentally ill person’ is someone who is suffering from a mental illness and due to the illness, there are reasonable grounds for believing that care and treatment is necessary for the person’s own protection from serious harm, or for the protection of others from serious harm.

Who is a mentally disordered person under the Act?
A ‘mentally disordered person’ is someone whose behaviour is considered to be so irrational that there are reasonable grounds for believing they require care and treatment to protect them and/or others from serious physical harm.

Who does the Act provide for?
The Act makes provisions for the care of people who:
- have committed an offence and are mentally ill (forensic patient).

Who is a voluntary patient?
A voluntary patient is a consumer who:
- has chosen to be admitted to a mental health facility
- is under guardianship and has been admitted at the request of, or with the consent of their guardian
- has been admitted as an involuntary patient and is reclassified by an agreement between the consumer and the Treating Team.

Can a Voluntary consumer be reclassified as an involuntary consumer?
Yes. If the Treating Team is of the opinion that the voluntary consumer is a mentally ill person or a mentally disordered person, then your family member/friend can be detained.

Who can arrange for a person to be taken involuntarily to hospital for assessment?
This is called scheduling under the Act. Those who can write a schedule include:
- A medical practitioner
- Police and Ambulance officers
- An Accredited Person (specifically authorised mental health staff)
- A Court/Magistrate

Involuntary admission to a MH Inpatient Unit
If your family member/friend is scheduled, they will be taken to a MH Inpatient Unit. On arrival they will assessed by a psychiatrist. If the doctor believes that involuntary treatment is necessary,
they will be admitted to the Unit. A few days following admission, a **Mental Health Review Tribunal Hearing** is held to review the doctors decision to the involuntarily care and treatment of the person.

**What is the Mental Health Review Tribunal (MHRT)?**

The MHRT is a specialist body constituted under the MH Act. It has a wide range of powers that enable it to conduct mental health inquiries, make and review orders, and hear appeals about the treatment and care of people with a mental illness.

**What happens at a Tribunal Hearing?**

If a person requires treatment as an inpatient for longer than a few days and they do not consent to treatment, they must be seen as soon as practicable by the Tribunal. The hearing takes between 10 and 30 minutes and may be held via a video link. Your family member/friend will be present, along with a lawyer representing their interests. A treating doctor will be asked to inform the Tribunal members the reasons they feel the involuntary treatment is necessary. The consumer may also ask the doctor questions or address the Tribunal.

A Designated Carer and/or Principal Carer has a right to be present at that hearing. If the consumer objects, carers may still request to attend and the Tribunal may decide that this is in the best interests of the consumer. If this situation arises you should discuss it with the Treating Team.

The Tribunal, from the evidence provided, considers whether:

- The person is “mentally ill” as defined by the Mental Health Act.
- The correct procedures for the admission of the person were followed.
- The person requires further detention or not.

The Tribunal can:

- place the person on a Temporary Order to stay in hospital for up to 3 months;
- adjourn the inquiry for up to 14 days;
- place the person on a Community Treatment Order (for involuntary community follow up);
- discharge the person.

**How do we get legal representation or advice?**

The Mental Health Advocacy Service provides a legal service for any person being treated without their consent. This is a free service and can be contacted for advice at any time on (02) 9745 4277. You do not have to arrange this or request this, it is arranged automatically. Anyone is welcome to arrange a private solicitor at their own expense.

**What rights does my family member/friend have?**

The doctor or nurse admitting your family member must give them a copy of the Statement of Rights (Schedule 3 – Statement of Rights for Persons Detained in Mental Health Facility or Schedule 3A - Statement of Rights for Voluntary Patients) spelling out their legal rights and entitlements. You are welcome to ask for additional copies of this form from the Treating Team.

**What happens when my family member/friend is discharged from the hospital?**

All reasonably practicable steps must be taken to ensure you and your family member/friend have been consulted in relation to planning discharge and subsequent treatment, and provided with
information about follow-up care. Follow-up care usually involves a combination of care provided by the local Community Mental Health and Drug and Alcohol Team and relevant GP. You and your family member will be given a copy of the Mental Health Inpatient Unit Consumer and Carer Transfer of Care Plan and a copy of the Wellness Plan. A Transfer/Discharge Summary will be faxed to your family member/friend’s GP within 12 hours of discharge.

What is a Community Treatment Order (CTO?)

A CTO is a legal order made by the MHRT. It sets out the terms under which a consumer must accept for example, medication, counselling. It is implemented by a Community Mental Health facility. If the consumer does not comply with the CTO, they can be breached and taken to a declared mental health facility and given appropriate treatment.

The NSW Trustee and Guardianship Act 2009

Under this Act, a number of bodies can make orders for financial management, including Magistrates, the Supreme Court, and the Guardianship and Mental Health Review Tribunals.

The Guardianship Tribunal?

The Tribunal can appoint guardians and financial managers for persons 16 years and over, who are incapable by reason of their disability (which includes mental illness) of making their own personal and financial decisions.

Who are Official Visitors?

Official Visitors are members of the community who are appointed to visit people in MH inpatient facilities in NSW to check on the way in which they are being treated. They also receive and refer complaints made to them by those receiving care and treatment in these facilities or their carers, and they are available to assist individuals on community treatment orders.

You can also phone them or write a letter and leave it in the Official Visitors box at the Unit.

Other services to help people with a mental illness and their families to exercise their rights?

The following agencies and individuals may be involved:

- Consumer Advocates
- Family & Carer Support Workers
- Carer Advocates (One Door Carer Services)

For further information, resources or advice:

Mental Health Review Tribunal

www.mhrt.nsw.gov.au
Phone: 1800 815 511

Mental Health Advocacy Service

Phone: 1300 888 529

Guardianship Division

NSW Civil & Administrative Tribunal
Phone: 1300 006 228

Health Care Complaints Commission

www.hccc.nsw.gov.au
Phone: 1800 043 159
Open 9am to 5pm weekdays

Official Visitors

www.ovmh.nsw.gov.au
Phone: 1800 208 218
Understanding the Mental Health Act (2017)

Website:  www.mha.nswiop.nsw.edu.au.

The website contains a range of user-friendly resources, including the following:

- Fact sheets for Consumers, Carers, young people, Clinicians, Accredited Persons and Medical Practitioners
- Accredited Persons and Medical Practitioners
- Useful links and information relating to the Mental Health Act

Please do not hesitate to speak with the Treating Team if you have any questions or concerns regarding your family member/friend. As well, they can advise you how to access support, education and respite services for carers.

Disclaimer: Every effort has been made to ensure that the information is correct but it should not be a substitute for the NSW Mental Health Act 2007 and subsequent Amendments.
4. Understanding Mental Illness

The terms 'mental illness' and 'mental disorder' are both used to describe a wide spectrum of mental health and behavioural disorders, which can vary in both severity and duration (AIHW). Mental disorders are generally characterised by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others. Mental disorders include: depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities and developmental disorders including autism (WHO).

In Australia, the most prevalent mental illnesses are depression, anxiety and substance use disorders (AIHW).

Learning about a mental illness and how it affects your relative or friend and understanding what they are going through, is perhaps one of the most important aspects of a carer’s role. Very often the behaviour of someone with a mental illness is misunderstood.

**Anxiety disorders** are diagnosed when feelings of anxiety impact so severely on a person’s life that they feel overwhelmed. Symptoms include feelings of extreme fear, phobias and obsessions. **Depression** usually affects people by causing feelings of low self-worth, suicidal thoughts, the inability to enjoy anything and fatigue. **Bipolar Disorder** is when people experience periods of being depressed alternating with periods of mania. **Mania** is characterised by excessive elation, inflated self-esteem, hyperactivity, and accelerated thinking and speaking. **Psychotic Disorders** (psychosis) usually involves a distortion of a person’s thought processes. The symptoms of psychosis include delusions (false beliefs) or hallucinations (like seeing, hearing, feeling or smelling things that are not there). People who experience psychotic symptoms usually have problems with thinking, making sense of what is going on around them and may seem to be out of touch with the real world. Sometimes people believe things that seem illogical to others. As a result, people with these problems may react and behave inappropriately.

**Personality disorder** is a name used to describe a pattern of traits that affect people’s inner experiences, behaviours and relationships. Personality traits are ‘disordered’ when they become extreme, inflexible, and maladaptive. This tends to create a pattern of problems that cause the person and those around them significant distress over a period of time. A personality disorder often leads to significant disruption to a person’s capacity to work, study and maintain good relationships.

**Eating disorders** are serious and potentially life threatening mental illnesses characterised by severe disturbances in eating and exercise behaviours due to distortions in thoughts and emotions, especially those relating to body image or feelings of self-worth. Eating disorders include anorexia nervosa, bulimia nervosa, eating disorders not otherwise specified and binge eating disorder.

For further information:
**Head to Health** (Mental health Information and Resources)
**Beyondblue:** Phone: 1300224636  
Website: [www.beyondblue.org.au](http://www.beyondblue.org.au)

**Black Dog Institute**  

**Centre for Eating and Dieting Disorders**  
Website: [http://cedd.org.au/](http://cedd.org.au/)

**Project Air** (Personality Disorders)  
[https://www.projectairstrategy.org/index.html](https://www.projectairstrategy.org/index.html)

**Reach Out** (Youth)  
Website: [http://au.reachout.com/](http://au.reachout.com/)

**Sane:** Phone: 1800 187 263  
Website: [http://www.sane.org/](http://www.sane.org/)

**One Door Mental Health**  
Phone: 1800 843 539  
[https://www.onedoor.org.au/](https://www.onedoor.org.au/)

---

**Disclaimer:** Every effort has been made to ensure that the information is correct at the time of publication.
5. What to do in a Mental Health Crisis

In the middle of a crisis it can be difficult to know who to contact and when you should call them. The following information is provided to assist you in a crisis or emergency situation.

How can I prepare for a crisis that hasn’t yet happened?
If you feel that the person you care for is heading for a crisis, it is important to discuss this with their Case Manager or another member of the Community Mental Health and Drug and Alcohol Team. They will be able to help you identify early warning signs and assist in making a plan. This may help in preventing the crisis and/or minimise the impact on the person and those around them.

Who should I call first?
You should seek help when you feel concerned about your safety or the safety of your family member or friend. The service you call first will depend on the type of crisis or emergency situation and when it occurs.

Phone the NSW Mental Health Line to speak with a mental health professional.

The Mental Health Line is available to coordinate a response to mental health crises and emergency situations. If you are unsure how urgent a response is required, you can call the Mental Health Line and discuss the situation with them. This may include a mental health professional talking to your family member or friend over the phone and/or asking them to present to a Hospital Emergency Department for a more thorough assessment by the Triage and Emergency Care Support (TECS) team.

If there is immediate risk to the physical health of your family member or another person:
Contact the Ambulance Service directly if emergency medical attention is required. This may include situations where the person has caused severe physical harm to themselves (e.g: overdose)

Call the Ambulance on: 000

If there is an immediate threat to you, a family member or someone else:
Contact the Police directly. The Mental Health Service can assist in these situations, but if there is a high risk of violence then the police can respond more quickly and with more appropriate resources.

Call Police on: 000
6. Triage and Emergency Care Support (TECS)

Triage and Emergency Care Support (TECS) is a 24 hour, 7 day per week service staffed by Mental Health/Drug and Alcohol (MHDA) clinicians from the Southern NSW Local Health District (SNSWLHD).

TECS provides two functions:

1. **A triage function**
   The triage function of TECS provides timely and equitable access to appropriate mental health and drug and alcohol services across the Local Health District.

2. **Emergency Care Support**
   The emergency care support function of TECS facilitates timely access to specialised mental health care for people with acute mental health problems who present to Emergency Departments (EDs) or who are in general hospitals.

**How Do I Access TECS**
Mental Health services are available 24 hours a day, 7 days a week. Access is via a single point of entry – the MHDA Triage and Emergency Care Support (TECS)
Phone: **1800 011 511**

**How Do I Access Drug and Alcohol Services**
To access Drug and Alcohol services
Phone: **1800 809 423**

Both Mental Health and Drug and Alcohol services have a 'no wrong door' access policy (i.e. if a person contacts either number they will be transferred to the appropriate service).

**How will TECS help me?**
TECS can provide information and advice about services, support with referrals to mental health and drug and alcohol services and access to mental health assessments in hospitals 24 hours a day/ 7 days a week.

**NSW Mental Health Line**
Call **1800 011 511**

The Mental Health Line is a 24-hour telephone service operating seven days a week across NSW

**Phone support (24 hrs/7 days a week):**
- Lifeline 13 11 14
- MensLine 1300 78 99 78
- Beyondblue Support Service 1300 22 46 36
- Family Drug Support Australia (02) 4782 9222
- Kids Helpline 1800 55 18 00
- Domestic Violence Helpline 1800 73 77 32
- National Carer Counselling 1800 24 26 36

**Disclaimer:** Every effort has been made to ensure that the information is correct at the time of publication.
Community Mental Health Services

Community Mental Health Teams provide specialist mental health care in the community for people who experience acute and severe mental health illnesses and/or who have significant levels of risk to themselves or others. People with less acute conditions are seen by other services within the wider mental health system, including GPs, private practitioners and community managed organisations.

Community Mental Health Teams treat people in the community, helping them manage their condition in their own environment, close to family and carers, social support networks and workplaces.

The Community Mental Health Service is divided into three sub-specialties: Child and Adolescent services (working with people aged 2-17 years), Adult services (working with people aged 18-64 years), and Older Persons services (working with people aged 65+ years).

Additional services are provided by Community Managed Organisations (CMOs), who are contracted across Local Health District to provide a range of consumer and carer support services.

Community Mental Health Teams provide services from Monday to Friday, 08.30am until 17.00pm. If you have any questions or enquiries, please contact your local Team.

Queanbeyan
Community Mental Health
Queanbeyan Hospital, Cnr Collet & Erin Streets, Queanbeyan NSW 2620
Phone: 02 6150 7070

Yass
Community Mental Health
Yass Health Service, Meehan Street
Yass NSW 2482
Phone: 02 6220 2108

Cooma
Community Mental Health
Bent Street, Cooma NSW 2630
Phone: 02 6455 3307

Bega
Community Mental Health
South East Regional Hospital (SERH)
Level 2, 4 Virginia Drive, Bega NSW 2550
Phone: 6491 9300

Moruya
Community Mental Health
Moruya Community Health Service
River Street, Moruya NSW 2537
Phone: 02 4474 1561

Batemans Bay
Community Mental Health
Batemans Bay Community Health Service
7 Pacific Street, Batemans Bay NSW 2536
Phone: 02 4475 1620

Narooma
Community Mental Health
Cnr Field Street and Graham Street
Narooma, NSW 2546
Phone: 02 4475 7200

Goulburn
Community Mental Health
130 Goldsmith Street, Corner Goldsmith & Faithful, Goulburn NSW 2580
Phone: 02 4827 3257
Drug and alcohol problems often occur in conjunction with mental illness, and can have serious adverse effects on many areas of life, including work, relationships, health and safety. If you care for someone who is using alcohol or other drugs and has a mental health problem you may have lots of questions or be unsure what to do.

What are the main types of drugs?

- **Stimulants** such as speed, ecstasy, ice. They are called stimulants because they cause your brain to be more active (stimulated). They can keep you awake, make your pupils bigger and make it hard to sit still.

- **Depressants** such as Alcohol, Valium, OxyContin, Heroin and Cannabis. They have the opposite effect to the stimulants slowing down your pulse and your breathing, slowing down your brain’s activity, often making it harder to do things. Eventually they will make you go to sleep.

- **Hallucinogens** such as LSD, Cannabis and magic mushrooms. These drugs change the way you see and understand the world around you.

The effects of these drugs will depend on many things, such as how much you take, how you take them and your mood when you take them. Also any physical or mental illness that you may already have can directly affect your experience with the drug.

8. **Drug and Alcohol Services**

Why do people use drugs?

People use drugs for many reasons. These include curiosity, boredom, to feel relaxed, confident or energetic, to fit in with friends, to escape from their worries, to try and reduce distressing symptoms of their mental illness, or even feelings such as guilt, anger or shame.

What is the downside to using drugs?

It is understandable that people with a mental illness use alcohol and other drugs in the hope or belief it will help them feel better. However using alcohol and other drugs can:

- Undo the positive effects of medication.
- Delay the recovery process.
- Produce desirable feelings that are false and short lived.
- Hide problems/symptoms that return once the effects of the drug have worn off.
- Cause physical health problems to bodily organs such as the heart, lungs, liver and kidneys.
- Result in risk taking behaviours that affect relationships and can include violence, crime and accidents.

What Help is available?

Mental Health/ Drug and Alcohol Services employ Mental Health Clinicians and Drug and Alcohol Clinicians. Depending on severity, a person with both mental health and drug use problems (Dual Diagnosis) may see both clinicians and the services will need to work together. Drug and Alcohol Services aim to respond to people with all kinds of use and
patterns of harm, not just those with a level of dependence. Our aim is to reduce the harm caused by the use of alcohol and/or other drugs by engaging individuals and the community about:

- The problems caused by use of alcohol and/or other drugs
- Where people can go for help
- Different ways people can get help for alcohol and other drugs

**How do I Access Drug and Alcohol Services?**

**Phone:** 1800 809 423 (24 hours/7 days a week).

**What Treatment Programs are available for my family member/friend?**

**Managing Withdrawal**

Withdrawal may occur in people who are dependent on drugs and/or alcohol who stop or considerably reduce their drug use. In certain circumstances it can be dangerous to abruptly stop drinking alcohol.

Withdrawal management can occur in a variety of settings depending on a person’s situation e.g. in-patients settings, in the community with support or in a specialised withdrawal unit.

**Opioid Treatment Program (OTP)**

The NSW Opioid Treatment Program (OTP) seeks to reduce the social, economic and health harms associated with opioid use. The OTP delivers pharmacotherapy and associated services to opioid dependent patients in NSW. OTP clients are required to attend appointments with their prescriber at a minimum of 3 monthly. Dosing of pharmacotherapies occurs at a number of community pharmacies throughout the area.

**The MERIT Program (Magistrates Early Referral into Treatment)**

MERIT provides an opportunity to link people into drug and alcohol treatment during their bail period so the court can consider rehabilitative improvements at sentencing. This may reduce sentences or divert people away from the criminal justice system. MERIT has benefits for the individual, their friends and family, and the community more broadly.

To be eligible for MERIT a person must have charges pending in the Magistrates Court. MERIT is focussed on people for whom illicit drugs are the primary drug of concern. Currently MERIT services are available at Queanbeyan and Cooma Magistrates Court.

**Involuntary Drug & Alcohol Treatment Program (IDAT)**

The Program provides short term care, with an involuntary supervised withdrawal component, to protect the health and safety of people with severe substance dependence who have experienced, or are at risk of, serious harm and whose decision making capacity is considered to be compromised due to their substance use.

**The NSW Health Drug and Alcohol Treatment Act 2007** (the Act) provides the legislative basis for IDAT.

The Act aims to ensure that involuntary treatment is only used when it will be in the best interests of the individual and when no other less restrictive means for treating them are appropriate. A Dependency Certificate, which allows a person to be involuntarily admitted,
may only be issued if the Accredited Medical Practitioner (AMP) at the Treatment Centre is satisfied the person meets the following criteria:

- The person has a severe substance dependence, meaning they:
  - have a tolerance to a substance
  - show withdrawal symptoms when they stop or reduce levels of its use
  - do not have the capacity to make decisions about their substance use and personal welfare primarily because of their dependence on the substance AND

- The care, treatment or control of the person is necessary to protect the
  - person from serious harm, AND
  - the person is likely to benefit from treatment for his or her substance dependence but has refused treatment, AND
  - no other appropriate and less restrictive means for dealing with the person are reasonably available.

Referrals will be accepted from all over the state as long as the person is 18 years or older.

**Referral to IDAT**

Health workers, family members and other concerned parties, in consultation with a Medical Practitioner (MP) or an Involuntary Treatment Liaison Officer (ITLO), can identify a patient as potentially suitable for IDAT and seek to have a comprehensive assessment conducted for IDAT eligibility. On determining eligibility, the identified person must then be referred by a MP to an Accredited Medical Practitioner (AMP) for an assessment for a Dependency Certificate.

**For additional information, contact:**

**Local Drug and Alcohol Centralised Intake**

Phone: 1800 809 423

**Alcohol and Drug Information Service (ADIS)**

Phone: 1800 250 015 or 02 9361 8000  
(Available 24 hours 7 days a week).

**Stimulant Treatment Line** (02) 9361 8088  
**Opioid Treatment Line** 1800 64 24 28

**Family Drug Support Australia**

Support Line: 1300 368 186  
(Available 24 hours 7 days a week)

**Alcohol and Drug Foundation**

Help and support for families and friends:  
Phone: 1300 85 85 84

**Counselling**

The objectives for counselling are to:

- build rapport and a therapeutic relationship with the client
- engage the client in developing treatment goals and harm reduction strategies
- directly treat presenting issues
- support self-efficacy and develop skills
- develop relapse prevention strategies

Ongoing individual counselling is offered according to the needs of each client.

Please do not hesitate to contact the Local Drug and Alcohol Centralised Intake service if you have any questions or concerns regarding your family member/friend.

**Disclaimer:** Every effort has been made to ensure that the information is correct at the time of publication.
9. Health Care Interpreter Service

Health Care Interpreter Service
The Illawarra Shoalhaven Health Care Interpreter Service (HCIS) provides professional health care interpreting services for consumers, families and health care providers of the Illawarra Shoalhaven Local Health District (ISLHD) as well as the Murrumbidgee and Southern NSW Local Health Districts (MLHD & SNSWLHD).

The aim of the HCIS is to assist consumers, families/carers who do not speak English, or those who are Deaf, to communicate with health services by providing a free, professional and confidential interpreting service.

Services Provided
- Face to Face Interpreting (for individuals or groups)
- Telephone Interpreting
- Videoconference Interpreting (where available)

The interpreting service provided can be for inpatient units, outpatient clinics and for home visits.

Other services provided include:
- Interpreting for groups
- Written translations of documents essential for consumer care (dependent on availability of resources)
- Passing on information/messages related to consumer care

Booking an Interpreter
To provide the appropriate interpreter for you, you will be asked the following questions:
- Language required
- Date and time of appointment
- Length of appointment
- Location of interview/address of home visit
- Name of patient/client
- Name of health professional and contact number
- Purpose of interview

For Murrumbidgee and Southern NSW LHDs
Phone: 1800 247 272 (24/7)
Fax: 4276 2487

Interpreters cover the following languages: Arabic, Cantonese, Croatian, Greek, Italian, Macedonian, Mandarin, Polish, Portuguese, Serbian, Spanish, Turkish and Vietnamese. For other languages please contact the service.

Health Care Interpreter Service
Website:
10. Culturally & Linguistically Diverse (CALD) Information and Resources

Carers NSW provides information and support to carers from a wide range of cultural and linguistic backgrounds. Visit Carers NSW website [https://www.carersnsw.org.au/how-we-help/support/multicultural](https://www.carersnsw.org.au/how-we-help/support/multicultural) for further information and resources on:

- Caring in a culturally diverse community
- Carers NSW Translated Carer Factsheets
- Centrelink We Speak Your Language
- NSW Fair Trading Funerals Brochures
- Translating and Interpreting Service (TIS National)
- Working in partnership

Carer Line 1800 242 636

The Transcultural Mental Health Centre (TMHC) is a state wide service hosted within the Western Sydney Local Health District. The TMHC’s mission is to work in partnership with mental health services, consumers, carers and the community to improve the mental health of people from culturally and linguistically diverse communities living in NSW.

Multilingual Resources include:
- Consumer Medication A Practical Guide Series
- Health and wellbeing of older people
- Healthy kids
- Kessler 10 (K10)
- Coping with disaster
- Linking physical and mental health
- Mental Health Month
- And much more

For further information and resources:

Transcultural Mental Health Centre (TMHC)

The NSW Multicultural Health Communication Service was established to meet the need for the development of a coordinated statewide approach to provide information about health issues and health services to people who speak languages other than English. For information and resources:

Multicultural Health Communication Service
Phone: (02) 875 5047

Mental Health in Multicultural Australia (MHiMA) is a Department of Health project, established to provide a national focus for advice and support to providers and governments on mental health and suicide prevention for people from culturally and linguistically diverse (CALD) backgrounds. For further information and resources, visit [http://www.mhima.org.au/](http://www.mhima.org.au/)
Phone: (02) 6285 3100

Some of the resources at this website are:
- Listening to information about seeking help
- Translated mental health information
- Australian directories and resources published by Australian and overseas agencies
- Translated mental health assessment tools
- Language services
11. South East Regional Hospital (SERH) Mental Health Inpatient Unit

The Mental Health Inpatient Unit is located on the first level of the South East Regional Hospital in Bega and provides a place of safety and treatment for people in the acute phase of a mental illness.

How is the Unit staffed?
Nurses, Consultant Psychiatrists, Psychiatry Registrars, Allied Health and other health professionals staff the Unit. Each has their own specialised skills and work together as a team to provide treatment and care to people during the acute phase of their illness.

Consumer and Carer Advocates
Please ask staff to assist you and/or your family member/friend in contacting either a consumer or carer advocate.

What are the visiting hours?
In accordance with Mental Health Inpatient Unit Consumer Directed Visiting Procedure (SNSWLHD 2016_025), staff encourage and welcome visitors. Consumers can choose who they want to visit them, and for how long and how often. However, if it is deemed a visitor may have a detrimental effect on the consumer; or the consumer’s specific care needs indicate a need to limit visitor access, the Treating Team may restrict visits. All visitors must sign an attendance book at reception prior to entering the Unit.

Who should I contact with questions?
You are welcome to contact staff members caring for your family member/friend at any time.
Phone Number: (02) 64919406

Can children visit the Unit?
Yes. Visits by children should be planned ahead with the Nurse Unit Manager or Treating Team. Children visiting the Unit must be well supervised by a responsible adult.

Is it possible to have some privacy while visiting?
Yes, although options are sometimes limited. Please ask a staff member to assist you.

Can I phone my family member/friend?
Yes. There is a consumer phone on the Unit. Phone: (02) 6491 9414. This is a shared phone, so please be mindful to limit phone calls to 10 minutes. There are public phones available for consumers to make outgoing calls.

Can my family member/friend have leave from the Unit?
Yes. As soon as your family member/friend is well enough the treating team will assess whether leave can be granted. We try and find the best balance between safety and independence? The decision to grant leave is the responsibility of the Treating Team and should be made in collaboration with you and your family member/friend.

Can I be present when my family member/friend sees the Doctor?
Yes, in fact, we encourage carer participation in every aspect of care. However, if your family member/friend does not agree for you to be involved, please speak to the Treating Team. It is still possible for you to discuss your concerns, but
the information staff can share with you may be limited.

What activities are available on the Unit?
Consumers have access to a range of activities such as arts and crafts; library facilities; board games; information and educational sessions; and mindfulness/relaxation therapy; gentle physical exercise. Consumer ideas and suggestions for other activities are most welcomed and if possible, will be provided.

Are there any rules which my family member/friend needs to be aware of?
Yes, the following are important:
- Violence is not tolerated.
- No alcohol or drugs are allowed on the Units.
- No smoking on the Unit. Nicotine Replacement Therapy is provided.
- On arrival, all visitors items are placed in a locker in the reception, anything for consumers are given to nursing staff.
- **Mobile phones.** Mobile phones are allowed on the Unit after discussion with the Treating Team.
- **Valuables.** It is recommended that valuables and expensive clothing are not brought to Unit. Ideally, any valuables should be given to the family and/or carer for safe keeping. Where this is not possible, valuables and money can be kept in the Trust Office for safe keeping. Access to these items is possible but needs to be discussed with the Treating Team.
- Each consumer is allocated lockers where to keep own belongings except for consumers in High Dependency Unit whose valuables are kept securely by the Treating Team.

What happens when my family member/friend is ready for discharge?
You will be contacted by the Treating Team to discuss discharge planning. It is important you make staff aware of any specific issues or concerns that you have in relation to your family member/friend’s discharge.

If your family member/friend requires further treatment and care on returning home, this will be organised by the Treating Team. This will involve follow-up by a Community Mental Health and Drug and Alcohol Team and other community support services as required.

What if a family member does not speak English?
Interpreters are available via teleconference. Please ask the Treating Team if you would like an interpreter to be arranged.
The **Chisholm Ross Centre** is an inpatient Unit in Goulburn and provides a place of safety and treatment for people in the acute phase of a mental illness.

**How is the Unit staffed?**
Nurses, Consultant Psychiatrists, Psychiatry Registrars, Social Workers and other health professionals staff the Unit. Each has their own specialised skills and work together as a team to provide treatment and care to people during the acute phase of their illness.

**Consumer and Carer Advocates**
Please ask staff to assist you and/or your family member/friend in contacting either a consumer or carer advocate.

**What are the visiting hours?**
In accordance with Mental Health Inpatient Unit Consumer Directed Visiting Procedure (SNSWLHD 2016_025), staff encourage and welcome visitors. Consumers can choose who they want to visit them, and for how long and how often. However, if it is deemed a visitor may have a detrimental effect on the consumer; or the consumer’s specific care needs indicate a need to limit visitor access, the Treating Team may restrict visits. All visitors must sign an attendance book at reception prior to entering the Unit.

**Who should I contact with questions?**
You are welcome to contact staff members caring for your family member or friend at any time.

**Phone Number: 02 4827 3003**

**Can children visit the Unit?**
Yes. Visits by children should be planned ahead with the Nurse Unit Manager or Treating Team. All visits by young children are held in the family and carer room. Children visiting the Unit must be well supervised by a responsible adult at all times.

**Is it possible to have some privacy while visiting?**
Yes, although options are limited. Please ask a staff member to assist you.

**Can I phone my family member/friend?**
Yes. All consumers are allowed to have their mobile phone with them, unless the Treating Team assess otherwise. There is a consumer phone on the Unit for consumers who do not have own phone.

**Phone: (02) 4827 3003.** This is a shared phone, so please be mindful to limit phone calls to 10 minutes. There are also public phones available for consumers to make outgoing calls.
Can my family member/friend have leave from the Unit?
Yes. As soon as your family member/friend is well enough the treating team will assess whether leave can be granted. We try and find the best balance between safety and independence. The decision to grant leave is the responsibility of the Treating Team and should be made in collaboration with you and your family member/friend.

Can I be present when my family member/friend sees the Doctor?
Yes, in fact, we encourage carer participation in every aspect of care. However, if your family member/friend does not agree for you to be involved, please speak to the Treating Team. It is still possible for you to discuss your concerns, but the information staff can share with you may be limited.

What activities are available on the Unit?
Our Social Workers and Consumer Advocate co-ordinate activities such as library facilities; arts and crafts; drumming; cooking; information and educational sessions; and mindfulness/relaxation therapy. Consumer ideas and suggestions for other activities are most welcomed and if possible, will be provided.

Are there any rules which my family member/friend needs to be aware of?
Yes, the following are important:
- Violence is not tolerated.
- No alcohol or drugs are allowed on the Units.
- No smoking on the Unit. Nicotine Replacement Therapy is provided.
- On arrival, all visitors items are placed in a locker in the reception, anything for consumers are given to nursing staff.
- Mobile phones. Mobile phones are allowed on the Unit after discussion with the Treating Team.
- Valuables. It is recommended that valuables and expensive clothing are not brought to Unit. Each consumer is allocated lockers where to keep own belongings except for consumers in High Dependency Unit (HDU). Valuables of consumers in HDU are kept securely by the Treating Team.

What happens when my family member/friend is ready for discharge?
You will be contacted by the Treating Team to discuss discharge planning. It is important you make staff aware of any specific issues or concerns that you have in relation to your family member/friend’s discharge. If your family member/friend requires further treatment and care on returning home, this will be organised by the Treating Team. This will involve follow-up by a Community Mental Health and Drug and Alcohol Team and other community support services as required.

What if a family member does not speak English?
Interpreters are available via teleconference. Please ask the Treating Team if you would like an interpreter to be arranged.
Chisholm Ross Centre (CRC)
Corner of Clifford and Faithful Streets,
Goulburn NSW 2580
Phone: 02 4827 3003
Email - SNSWLHD-Goulburn-ChisholmRossCentre@health.nsw.gov.au

Please do not hesitate to speak with the Treating Team if you have any questions or concerns regarding your family member/friend. As well, they can advise you how to access support, education and respite services for carers.
13. David Morgan Centre

Psychogeriatric Unit (PGU) and Dementia Support Unit (DSU)

The David Morgan Centre provides a place of safety and treatment for older people in the acute/sub-acute phase of a mental illness and/or dementia.

How is the unit staffed?
Consultant Psychiatrist, Geriatrician, Psychiatric Registrars, Nurses, Allied Health professionals, hospital assistants and security personnel staff the units. Each has their own specialised skills and work together as a team to provide treatment and care to people during the acute phase of their illness.

Consumer Advocates and Carer
Please ask staff to assist you and/or your family member/friend in contacting either a consumer or carer advocate.

Who should I contact with questions?
You are welcome to contact staff members caring for your family member/friend at any time.

Phone number: (02) 4827 3453 or 48273452

What are the visiting hours?
In accordance with Mental Health Inpatient Unit Consumer Directed Visiting Procedure (SNSWLHD 2016_025), staff encourage and welcome visitors. Consumers can choose who they want to visit them, and for how long and how often. However, if it is deemed a visitor may have a detrimental effect on the consumer; or the consumer’s specific care needs indicate a need to limit visitor access, the Treating Team may restrict visits. All visitors must sign an attendance book at reception prior to entering the Unit.

Is it possible to have some privacy while visiting?
Yes, although options are sometimes limited. Please ask a staff member to assist you.

Can children visit the Unit?
Yes. Visits by children should be planned ahead with the Treating Team. Children visiting the Unit must be well supervised by a responsible adult.

Can my family member/friend have leave from the Unit?
Yes. As soon as your family member/friend is well enough the Treating Team will assess whether leave can be granted. We try and find the best balance between safety and independence. The decision to grant leave is the responsibility of the Treating Team and it should be made in collaboration with you and your family member/ friend. Please ensure you notify staff of any request for leave ahead of time. This will allow for proper planning and completion of Leave documentation.

Can I be present when my family member/friend sees the Doctor?
Yes, in fact, we encourage carer participation in every aspect of care. However, if your family member/friend does not agree for you to be involved, please speak to the Treating Team. It is still possible for you to discuss your concerns, but the information staff can share with you may be limited.

Can I phone my family member/friend?
Yes. All consumers are able to have their mobile phone with them, unless the Treating Team assess otherwise. If consumer does not have a mobile phone then there are two consumer phones on the Unit:

Psychogeriatric Unit: (02) 4827 3453
Dementia Support Unit: (02) 4827 3452

This is a shared phone line for both hospital staff and consumers, so please be mindful to limit the duration of calls.
What activities are available on the Unit?
The Diversional Therapist is employed Monday - Friday 8.30 am – 5.00pm. Activities include art and craft, board games, relaxation skills, exercise, bus trips, club outings. Guest presenters include the 3D band, local dance club. We usually have special functions held at Christmas, Easter, Melbourne Cup and birthdays.

Are there any rules which my family member/friend needs to know?
Yes, there are some rules. These are:
- Violence is not tolerated.
- No alcohol or drugs are allowed on the units.
- No smoking on the unit. Nicotine Replacement Therapy is provided.
- On arrival, all items need to be handed to the nursing staff.
- Mobile phones. Consumers are able to access their own mobile phones during their admission unless the Treating Team assess otherwise.
- Valuables. It is recommended that valuables and expensive clothing are not brought to Unit. Ideally, any valuables should be given to the family and/or carer for safe keeping. Where this is not possible, valuables and money can be kept in the Trust Office for safe keeping. Access to these items is possible but needs to be discussed with the Treating Team.

What happens when my family member/friend is ready for discharge?
You will be contacted by the Treating Team to discuss discharge planning. It is important you make staff aware of any specific issues or concerns that you have in relation to your family member/friend’s discharge.

If your family member/friend requires further treatment and care on returning home, this will be organised by the Treating Team. This will involve a referral to and follow-up by a Community Mental Health and Drug and Alcohol Team and other community support services as required.

What if a family member does not speak English?
Trained interpreters are available via teleconference. Please ask the nursing or medical staff if you would like an interpreter to be arranged.

David Morgan Centre
Contact Details
Psychogeriatric and Dementia Support Unit
Taralga Road, Kenmore, Goulburn NSW 2580
Phone:
DSU: 02 4827 3452
PGU: 02 4827 3453

Please do not hesitate to speak with the Treating Team if you have any questions or concerns regarding your family member/friend. As well, they can advise you how to access support, education and respite services for carers.
The Ron Hemmings Centre is a Psychiatric Rehabilitation Inpatient Unit based at Kenmore Hospital in Goulburn and provides 24 hour care and specialised rehabilitation services for people with a mental illness.

**How is the unit staffed?**
Nurses, Consultant Psychiatrists, career medical officer, and Allied health professionals staff the unit. Each has their own specialised skills and work together as a team to provide holistic treatment and recovery focussed programs.

**Who should I contact with questions?**
You are welcome to contact staff members caring for your family member or friend at any time. Phone Number: (02) 4827 3464

**Is it possible to have some privacy while visiting?**
Yes, although options are sometimes limited. Please talk to a staff member if this is needed.

**What are the visiting hours?**
In accordance with Mental Health Inpatient Unit Consumer Directed Visiting Procedure (SNSWLHD 2016_025), staff encourage and welcome visitors. Consumers can choose who they want to visit them, and for how long and how often. However, if it is deemed a visitor may have a detrimental effect on the consumer; or the consumer’s specific care needs indicate a need to limit visitor access, the Treating Team may restrict visits. As your family member has agreed to come to the Ron Hemmings Centre to attend the rehabilitation program, it would be helpful if visitors attended the unit outside of program hours. All visitors must sign an attendance book at reception prior to entering the Unit.

**Can children visit the Unit?**
Yes. Visits by children should be planned ahead with the Treating Team. Children must be well supervised by a responsible adult at all times.

**Can I phone my family member/friend?**
Yes. All consumers are able to have their mobile phone with them, unless the Treating Team assess otherwise. If consumer does not have a mobile phone then there is a consumer phone on the Unit. **Phone (02) 4827 3464** and your call will be transferred to the consumer phone. This is a shared phone, so please be mindful to limit phone calls to 20 minutes. There is also a public phone available for consumers to make outgoing calls if required.

**Can my family member/friend leave the hospital?**
Yes, if the Treating Team grants leave. We try and find the best balance between safety and independence. The decision to grant leave is the responsibility of the Treating Team and should be made in collaboration with you and your family member/ friend.

**Can I be present when my family member/friend sees the Doctor?**
Yes, in fact, we encourage carer participation in every aspect of care. However, if your family member/friend does not agree for you to be involved, please speak to the Treating Team. It is still possible for you to discuss your concerns, but the information staff can share with you may be limited.

**What activities/therapies are available on the Unit?**
The activities /therapy team provide activities which include art, relaxation skills and
exercise. Educational sessions are offered on topics such as stress and symptom management, early warning signs, discharge planning, self-medication program, drug and alcohol misuse prevention strategies. As well, Official Visitors and Consumer and Carer Advocates visit the Unit.

Are there any rules which my family member/ friend needs to be aware of?
Yes, the following are important:
- Violence is not tolerated.
- No alcohol or drugs are allowed on the Units.
- There is no smoking on the Unit or hospital grounds. Nicotine Replacement Therapy is provided.
- On arrival, all items should be handed to nursing staff.
- **Valuables.** It is recommended valuables and expensive clothing are not brought to Unit. Ideally, any valuables should be given to the family and/or carer for safe keeping.
- **Mobile Phones** are permitted for each consumer. However, if the phone is being used inappropriately or is placing the consumer at risk, the Treating Team may retrieve the phone or set limits on usage.

What happens when my family member/friend is ready for discharge?
You will be contacted by the Treating Team to discuss discharge planning. It is important you make staff aware of any specific issues or concerns that you have in relation to your family member/ friend’s discharge.

If your family member/friend requires further treatment and care on returning home, this will be organised by the Treating Team. This will involve follow-up by a Community Mental Health and Drug and Alcohol Team and other community support services as required.

What if a family member does not speak English?
Interpreters are available via teleconference. Please ask the Treating Team if you would like an interpreter to be arranged.