Appendix

Appendix A: The Self-Advocacy Process Tool
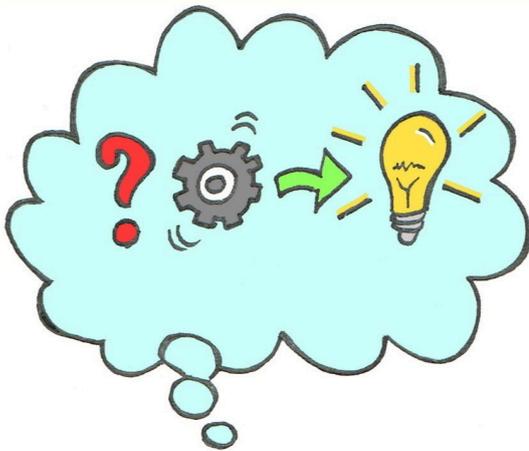
Before beginning a self-advocacy process it is important to be able to identify:

1. What is wrong or what is the problem?
2. Who can help?
3. What do I want to change?
4. What do I need to know
5. What do I do first?

1. What Is Wrong?

Think of a problem that you would like to speak up about and then answer these

What is the problem? What is it that I don't like? What makes me angry or upset?	
How do I feel when the problem happens/ed? Do I get angry? Do I get upset?	
Why do I feel like that when the problem happens? Are my rights being protected? Is it unfair?	
Who is contributing to the problem? Am I? Is it somebody else?	
When does the problem happen most? Does it happen when I am alone? Does it happen when other people are around?	
Where does the problem happen most? Does it happen in one place? Does it happen in a lot places?	

questions.

2. Who can help me?

Sometimes you might want to speak-up for yourself but don't know who is the best person to speak to. You might also need some more information before you can speak-up to prepare yourself.

It is good to know all the people you can speak to about your problem and all the people who can give you more information that might help you.

Write a list of people you trust and feel comfortable talking to. You might like to talk to them and ask if they would be able to be your support person while you are speaking up for yourself.

The people I feel comfortable speaking to about my thoughts and feelings are:

1. …………………………………………………………………………………

2. …………………………………………………………………………………

3. ………………………………………………………………………………..

4. ………………………………………………………………………………..

5. …………………………………………………………………………………

Then you need to think about who you are going to speak to and who could give you information that might help you. Think about the problem you decided

Who is the person (or people) I need to speak to about my *feelings*?	
Who has information about this *problem*?	
Who could give me information about my *rights*?	
Who could give me information about my *responsibilities*?	

to speak-up about and list all the people you think could help. Speak with your support person to try and think of everyone you can.

3. What do I want to change?

You need to consider what you would like to happen about the situation.

What needs to change? What is happening now that I don't like? Have any other changes been tried? What is the cause of the problem? How does the problem make me feel?	
Who needs to change? Does another person's behavior need to change? Who? Do many people's behaviors need to change? Does my behavior need to change?	
Why do things need to change? How does the way things are done now make me feel? How would I like to feel? How will I feel if things do not change?	
When do things need to change? Does the problem need to change now? Can the problem be changed slowly? By what date do I want things to change?	
How do things need to change? What is the best way I can think of for things to change? How would I like to feel? What are some other ways I would like things to change?	

Adapted from: http://www.edac.org.au/letmespeak/html/selfadvocacy.html

© Ethnic Disability Advocacy Centre
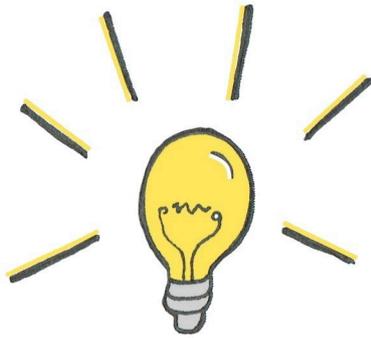
4. What do I need to know?

After you have decided what the problem is, how you would like things to change, and who to go to for help and information, you need to decide what information you need.

What are my rights in this situation? Are there rights to protect me in this situation? Are my rights being protected?	
What are my responsibilities in this situation? What do I need to do to make sure my rights are protected? What do I need to do to make the situation better for me?	
Do I need any documentation to support what I am saying? Do I need identification papers? Do I need medical papers? Do I need immigration papers? Is there any other documentation that I may need?	
Are there any policies or procedures that relate to this situation? Is there an existing complaints procedure where I will be speaking up for myself? What is it?	
Do other people have the same or similar problems? Who are they? Are they willing to speak-up about the problem together?	

Appendix B: Health Literacy

Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. It is important for consumers because it affects their capacity to make decisions and take action to manage their health and health care.

Consumers with low health literacy can find it hard to understand a diagnosis, medication instructions, health forms, or instructions on how to prepare for a medical procedure or surgery. It has been estimated that people with low individual health literacy are between one-and-a-half and three times more likely to experience an adverse outcome.

Everyone can play a part in addressing health literacy. To address it in a coordinated way requires health literacy principles to be embedded into systems and integrated into education. Health information needs to be clear, focused and useable, and there needs to be effective communication between individuals.

What can consumers do?

- Discuss any difficulties they might have in understanding health and information with healthcare providers

- Discuss difficulties in communicating with healthcare providers, ask family to help, or request support services such as qualified interpreters or consumer advocates

- Ask for further information about any aspect of their care

- Be open and honest with staff and provide details of medical history and medication that they are taking

- Improve their individual knowledge and skills by participating in education

- Raise awareness in their community about the importance of health literacy

- Be involved in the development and review of consumer information and resources

- Be involved in the planning, design and delivery of policies, strategies and projects to reduce barriers to health literacy.

Health literacy influences how people undertake a range of tasks, including:

- Reading, understanding and acting on health messages, medication instructions and other health information

- Completing healthcare forms such as consent forms, insurance forms, and Medicare claim forms

- Finding a healthcare provider or service and making an appointment

- Making informed decisions about health

For more information see: https://cbrhl.org.au/ https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy

Appendix C: Signs of Stress

Overview:

- Stress is a normal response to the demands of life and can be beneficial in short bursts, helping you stay alert and perform at your best.

- Prolonged or excessive stress can be damaging to your mental and physical health.

- Stress can be a trigger for someone with depression and/or anxiety, and may cause an existing condition to worsen.

- As well as affecting your relationships and life outside work, stress can increase your risk of injury, fatigue and burnout.

Physical signs of stress include:

- chest pain or a pounding heart

- fatigue

- reduced interest in sex

- nausea, diarrhoea or constipation

- getting colds more often

- muscle tension, pains and headaches

- episodes of fast, shallow breathing and excessive sweating

- loss or change of appetite

- sleeping problems

Non-physical signs include:

- feeling overwhelmed or frustrated

- feeling guilty or unhappy

- being irritable

- losing confidence and being indecisive

- thinking negatively

- having racing thoughts

- memory problems

- excessive worrying.

References and more information:

http://au.professionals.reachout.com/developing-a-self-care-plan;

http://au.professionals.reachout.com/self-care-for-professionals; https://www.headsup.org.au/taking-care-of-myself-at-work/managing-stress-work

http://socialwork.buffalo.edu/resources/self-care-starter-kit.html

Appendix D: Active Listening Skills

Active Listening includes:

- Being aware of your own and the participants' nonverbal language such as:

    ◊ Facing the person you are speaking with

    ◊ Having an open posture (rather than crossing arms or placing hands on hips)

    ◊ Maintaining eye contact

    ◊ Staying relaxed

- Being aware of and managing your own and the participants' barriers to communication

- Demonstrating that you are listening and interested in the participants

- Asking a range of open and closed questions & prompts

- Paraphrasing/rephrasing the participants' comments and questions

- Empathising with participants by providing reflective and additive feedback, as well as accurate summaries of what has been said by the group and individuals

- Summarising what has come out of individual and group discussions

The 'Active Listening' (Facilitation) Process:

- Demonstrate that you are listening

- Use simple prompts and a mix of open, closed and focused questions

- Paraphrase and summarise

- Demonstrate empathy

Bad Habits of Listening

Check which of these ten bad listening habits you are sometimes guilty of committing when communicating with others. Be honest with yourself!

- ☐ I interrupt often or try to finish the other person's sentences.
- ☐ I jump to conclusions.
- ☐ I am often answer with advice, even when not requested.
- ☐ I make up my mind before I have all the information.
- ☐ I am a compulsive note taker.
- ☐ I don't give any response afterward, even if I say I will.
- ☐ I am impatient. … I lose my temper when hearing things I don't agree with.
- ☐ I try to change the subject to something that relates to my own experiences.
- ☐ I think more about my reply while the other person is speaking than what he or she is saying.

Appendix E: Conflict Resolution Checklist

Behaviours That Help 👍	Behaviours That Hinder 👎
Letting people 'vent'	Arguing
Asking for dissenting views	Asking entrapping questions
Paraphrasing a lot	Defensiveness
Showing respect for opposing views	Letting a few people dominate
Eye contact	Favoring one side of any debate
Effective body language	Letting it get emotional or personal
Calmness	Ending without resolution
Non-defensiveness	Sidestepping really sensitive issues
Validating speakers	Failing to provide a clear process
Redirecting sarcasm	Not using the group's norms
Confronting the facts	Lack of empathy for member feelings
Taking a problem-solving approach	Allowing conflict to drag on
Using norms for control	
Showing concern for others' feelings	
Making interventions	
Checking, 'how are we doing?'	
Disclosing personal feelings	
Ensuring a good decision gets made	
Bringing proper closure	
Mediating conflicts between two people	
Making sure everyone stays involved	
Evaluating how the group did during the conflict to learn from mistakes	

Reference: Facilitating with Ease! © 2005 Ingrid Bens and John Wiley & Sons, Inc.

Appendix F: Timeline

1811

- Opening of Australian Lunatic Asylum Castle Hill NSW
- Mental illness viewed as madness and related to 'bad blood' or character flaws rather than illness
- Management was custodial and by physical restraint, isolation and control
- Little emphasis on treatment
- Staffed by untrained care assistants
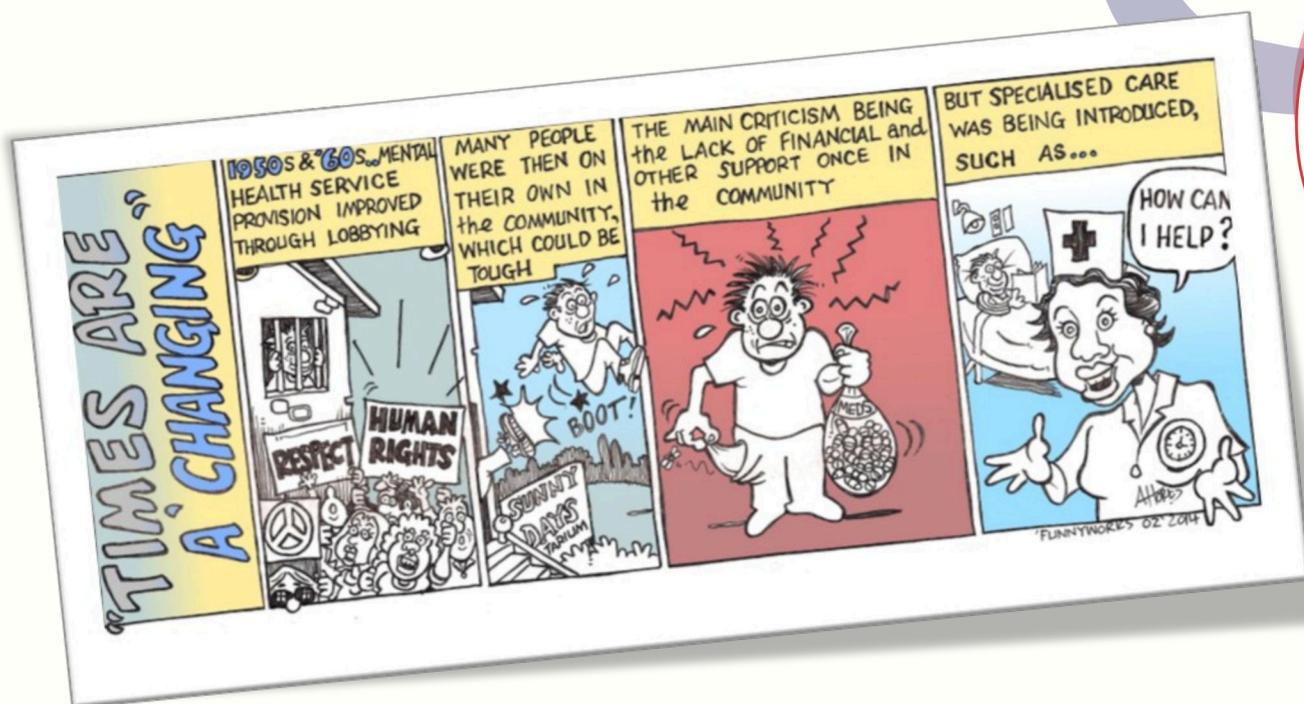
Mid – late 1800's

- Medical superintendents in charge
- Philosophy increasingly one of humane care
- Overcrowding often resulted in custodial management

1867

Act of Parliament sends people with mental illness to asylum rather than prison

1900

- Separation of mental illness and 'mental retardation'
- Male attendants remain untrained
- Medical superintendents start training staff
- Introduction of female staff considered

"TIMES ARE A' CHANGING"

1950s & '60s... MENTAL HEALTH SERVICE PROVISION IMPROVED THROUGH LOBBYING

MANY PEOPLE WERE THEN ON THEIR OWN IN the COMMUNITY, WHICH COULD BE TOUGH

THE MAIN CRITICISM BEING the LACK OF FINANCIAL and OTHER SUPPORT ONCE IN the COMMUNITY

BUT SPECIALISED CARE WAS BEING INTRODUCED, SUCH AS...

HOW CAN I HELP?

1950's-1980's

- Expanded nursing curricula
- Commencement of specialisation in nursing
- Illness approach to mental health problems
- Curative focus
- Major tranquilisers developed
- Pharmaceutical management rather than physical restraint possible
- Beginning of nurses working therapeutically with clients individually and groups

1970-1980's

- Scaling down/closing of psychiatric institutions
- Smaller units in general hospitals
- Increase in community based care
- Reduction in length of stay in inpatient units
- Significant numbers of people never admitted to hospital
- The first consumer organisation in Australia, the Campaign Against Psychiatric Injustice and Coercion (CAPIC), was formed

Current

- Significant numbers of people never admitted to hospital yet well managed
- People receiving care within own family and community setting
- Least restrictive environment possible
- Introduction of the NDIS changing how other MH services are funded

There's the little wins, there's the medium-sized ones, there's the big wins, but when we look at the way government policy is formulated today, and you compare it to the way things were 25-30 years ago, it's very clear that we have made a difference and things have changed.