Alfred Psychiatry
Adult Inpatient Handbook
What you need to know
during your stay
Acknowledgement of Country

We acknowledge the Boon Wurrung clan of the Kulin Nation who are the custodians of the land and waters, and pay our respects to Elders past and present.

Aboriginal and Torres Strait Islander Patients

The hospital has Aboriginal and Torres Strait Islander (ATSI) Hospital Liaison Officers to work with Aboriginal patients, families, community members and staff. ATSI Liaison Officers can be contacted on (03) 9076 5387 or 0419 592 207.
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**Safewards model**

Alfred Psychiatry inpatient wards work within the Safewards Model of Care. Safewards is a model that seeks to reduce conflict within our inpatient services, by identifying and addressing causes of behaviour in staff and consumers that may result in harm and reduce the likelihood of these occurring. It aims to improve the overall experience of care by focussing on communication, ensuring expectations are clearly understood by all and that we provide an environment that is safe and respectful for everyone.
Welcome. We are here to help.

Some people feel relieved when they arrive at Alfred Psychiatry, but sometimes it can feel scary too, particularly if you didn’t want to come here.

We want you to know that all of us at Alfred Psychiatry are committed to helping you to get through this difficult period in your life. We are here to help. Our team includes many skilled and caring people, and we will all do our best to make your stay with us as helpful and respectful as possible.

This handbook is here to help you too – with lots of useful information, tips, and even some sections for you to write in as you reflect on your stay with us. Please use it while you are here, and bring it with you when you meet with staff.

We hope your stay with us is healing and we wish you well on your recovery journey.
The basics

Bedrooms
You will get either a shared or twin room, depending on your personal needs and what’s available at the time. You will not have to share a room with someone of the opposite sex. On the ground floor ward we have rooms available in a women’s-only wing.

Computers and internet
Computers with internet access are available in the community area for free patient use. Ask your contact nurse for help with how to use them if needed.

Children
If you have children under your care, please let your nurse know promptly so that appropriate care can be discussed.

Your children can visit you on the ward too – we have a special visitor’s room and do our best to be family-friendly.
**Personal lockers**

We strongly encourage you not to bring valuable items onto the ward—ideally you should keep these items at home.

All items not stored in the lockers are your responsibility for safe keeping.

**Locked safe**

We have a safe on the ward to store any personal belongings of value (including up to $100 cash), and we also have small patient lockers. Speak to your contact nurse about this process. We encourage you to leave valuable items at home.

**Drugs, alcohol and cigarettes**

These substances and their use are not permitted anywhere on the ward; they are a health risk and can delay your recovery.

If you are suffering from withdrawal, please discuss this with your contact nurse and psychiatrist as we can help.

If you have alcohol or cigarettes in your possession they will be locked away during your stay with us and returned to you when you go home. If you have illicit substances on the ward they will be removed and destroyed. If you, a family member or other visitor supplies illicit substances to patients on the ward this will be reported to the police.

**Unsafe items**

Some items can be potentially dangerous and so they are not allowed on the ward. This includes scissors, knives, glassware, lighters, matches, cigarettes and some other items. These will need to be locked away during your stay with us but will be returned to you when you go home.

**Going home**

We think about planning your ‘discharge’ (going home) from your first day here.

Your doctor will talk to you about going home and about getting ‘leave’ to go off the ward. Most people will get approved fairly quickly for escorted leave (with someone else) or unescorted leave (on your own) from the ward.

Discharge (going home) depends on lots of different things, but the average stay on the ward is about 12 to 16 days. This could be shorter or quite a bit longer, depending on your personal needs.
Cultural, religious and spiritual concerns

All people are welcome at Alfred Psychiatry regardless of culture, race, religion, spirituality, gender, language, age or sexual orientation. If you have any particular needs (eg, an interpreter, prayer space, or staff of the same gender) please talk to your contact nurse.

We have face-to-face and telephone interpreters to maintain your privacy (free of charge).

The Alfred has a chapel available for patient use and we also have a Pastoral Care Coordinator who can meet with you if needed (just ask your contact nurse).

For more information on cultural needs contact Alfred Health's Cultural Diversity Coordinator on 9076 2793.

Your personal belongings

You can store personal belongings (clothes, toiletries, books, etc) in your room. You can get other belongings brought in from home if you need them, or buy extra things that you need (eg., you can buy toiletries at the hospital pharmacy and magazines at the hospital newsagent).

You will get a receipt for money stored in the safe and another receipt for property stored in your patient locker.

Mobile phones and cameras

If you do have your mobile phone or camera with you on the ward, please do not take photographs or recordings of others to maintain everyone’s privacy.

Medication

You may receive a number of different medications on the ward. Please tell us if you have any allergies or bad reactions to any medications. You have a right to be given information about all medications you are given, including what it is prescribed for and any possible side effects. Please ask as many questions as you like about the medication we are providing you.
Meals

Each day you will get a menu to complete, but if you are not up to it, a nurse can do this with you. Meal times are (approximately):

- **Breakfast** 8.00am  
- **Lunch** 12.00 noon  
- **Dinner** 5.00pm  
- **Evening snack** 8.00pm  

If you have any special dietary requirements, such as kosher, halal, vegan or allergies, please speak to your contact nurse.

Other patients and your care

We are here to help with your recovery, and to support you to go home as soon as possible. With this in mind, please consider that other people are also working on their recovery, and some may not feel like being friendly.

If you have any difficulties or safety concerns with another patient, please speak to your contact nurse immediately. To help maintain privacy and safety for everyone, please don’t go into other people’s bedrooms or let people into yours.

Personal care needs

Toiletries, personal hygiene products and towels are available from your contact nurse. This may include soap, shampoo, hairbrush, toothbrushes and toothpaste, sanitary pads, and (if safe for you) shavers.

Please don’t be embarrassed to talk to us about any needs you have. If you are more comfortable talking to a nurse of the same gender about this that is OK. You can also buy products if you have leave or get someone to bring in any items that you need. A small selection of spare clothes is available if you need them, just ask your contact nurse.

Pets

If you have any pets at home that need care, please tell your nurse as soon as possible. A social worker will see you to arrange care for your pet.
Phones

Your friends and family can call on these numbers and ask to be put through to you:

**Ground floor:** 9076 3914  
**First floor:** 9076 3922

There are also public phones on the ward for you to make and receive calls:

**Ground floor:** 9076 5370  
**First floor:** 9076 5706

Please try to keep calls to a reasonable length so that everyone can share the phones.

If you answer the public phone and the call is not for you, please let a contact nurse know so they can find the person concerned.

Privacy and confidentiality

You have a right to expect that your privacy will be respected on the ward. Your medical and personal information will be kept confidential except in exceptional circumstances.

Sexuality and gender

All people are welcome at Alfred Psychiatry, regardless of sexuality or gender identity. We aim to be GLBTIQ (Gay, Lesbian, Bisexual, Transgender, Intersex and Queer) friendly. If you have any particular concerns relating to your sexuality or gender identity, please talk with your contact nurse.

Smoking

The Alfred is smoke free, which means you cannot smoke anywhere on the hospital campus, including inpatients and the inpatient ward courtyards. If you are a smoker, we will support you to either cope with the smoke free environment or to quit if you’d like.
Lighters and cigarettes
Cigarettes and lighters cannot to be bought into the ward and must be kept in lockers outside the ward.

Students
The Alfred is a teaching hospital, so there are usually students (nursing, medical and allied health) on the ward.

Tea and coffee
There is a tea and coffee making area in the dining room of the ward.

Toilets and bathrooms
There are separate toilets and bathrooms for males and females. They are located along the corridor near the bedrooms.

Please help us keep these spaces tidy for everyone. If you notice that the bathrooms need cleaning please tell your contact nurse.

Visitors
You are welcome to have visitors on the ward. We encourage visitors to visit between the hours of 7am–9pm. Visiting outside of these hours can be arranged.

Weekends
The ward is a little quieter on weekends, as there are less group programs and there are no Allied Health staff on duty (occupational therapy, social work or psychology).
Security guards
Security guards are often on the ward for the safety of patients and staff. Security guards may also ask to search bags for dangerous items.

Wrist band identification
All patients will get a wrist band when admitted, as it is government policy for all hospital patients to wear a wrist band. This is to protect your safety and make sure we give you the correct medications and procedures. Please don’t remove your wrist band until you are discharged.

We understand you may prefer to remove your wrist band identification while on leave. If so, please see your contact nurse for a new wrist band upon your return.

Nursing handover
When your allocated nurse finishes their shift in the morning, they will provide your afternoon nurse with information about any issues, requests or questions that you may have.

Patient introduction
This will follow the nurses’ handover meeting and will be held at approximately 2-2:30pm each day. You will be given the opportunity to discuss how things have been going with your stay with both nurses.

This will also give you the opportunity to make sure your treatment team are aware of your needs, any issues you may have and any ways we can make things easier for you while you are on the ward.

Glasses and physical aid items
If you require eye glasses or other physical aid items (eg, walking stick), please speak to your contact nurse.

Laundry
We have a small laundry room on each ward where you can wash your clothes. You can also ask your nurse for fresh bed linen if you need it. For help, see your contact nurse.
Why am I here?

Your care and support

You are here to receive treatment for your mental health. We will monitor your physical health and will treat you for your physical health if that is needed.

People stay with us if their mental health has gotten out of control.

This might mean that you are really distressed, that you or someone else might be in danger, or that we understand you are not well enough right now to take good care of yourself.

Feeling scared?

It can feel really scary to be admitted to a psychiatric hospital, so we want to reassure you that we are here to help. We want your stay with us to be helpful and supportive.

Everyone who stays with us at Alfred Psychiatry is struggling in one way or another; our aim is to help you get through this struggle and get well enough to go home as soon as you can.

Most people get to have a say in their treatment, but sometimes we do treat people compulsorily under a legal order (a Treatment Order, or TO). We have to follow very strict rules if we do this, and you have rights and protections to make sure that you are treated fairly, and that we have done as much as possible to respect and honour your wishes. If you have an Advance Statement, this will be taken into consideration.
What will happen to me?

What you can expect in the next few days
Most people don’t stay with us for too long – on average about 12–16 days.

We might give you some immediate help with medication
If you’re really struggling when you get here, we might give you some medication to help you feel calmer or less distressed. This medication might change once we’ve gotten to know you a bit better.

We’ll get to know you and what’s happening with your mental health (assessment)
You will have one or two meetings with your psychiatrist and nurse in your first few days. You’ll have the chance to share what’s going on for you, how you are thinking and feeling, your history and your mental health needs.

We might also make ‘observations’, which means your nurse will look out for how you are going during the day and keep some notes for the psychiatrist to read.

We’ll look at your physical health too
You will get a blood test, a physical exam and maybe also regular checks of your blood pressure and blood oxygen levels. This is because sometimes mental health problems can be caused by physical conditions, and also because we want to make sure we look after your complete health. Please let us know if you’re have any physical issues that need to be looked at.
You might stay in the High Dependency Unit (HDU) for a while

The High Dependency Unit is a quieter part of the ward where you get more time with nurses. This space is for people who need space away from everyone else, more intensive support, or a safer environment. If you don’t feel safe while in HDU, please talk to us straight away.

Your psychiatrist may make a diagnosis of one or more mental illnesses

Nobody really likes getting a diagnosis of mental illness, but it can sometimes be a relief to get a name for what’s happening to you. Getting a diagnosis can also help with getting medication and other treatments. Your psychiatrist and nurse will explain what this diagnosis means and give you more information to read.

Treatment plan

Once you’ve been here a bit longer, we will start to work on your treatment plan – all the things that will help with your recovery. This can include medication, therapy, and other support services.

- You can choose to have a family member, nominated person or other support person (‘carer’) join the meetings.
- You can also ask to have an advocate to help you understand and assert your rights.
- If you have an Advance Statement, this will also be considered when creating a treatment plan.
Your hospital support crew

Contact nurse
You will always have a contact nurse while you stay with us. This is the first person you should talk to if you need help or information.

You can talk to your nurse about:

• needing more medication
• medication side effects
• wanting to see the doctor or social worker
• someone to talk to
• help to cope with feeling bad
• getting in contact with people
• not feeling safe
• practical things you need
• anything that’s worrying you.

Psychiatrist
Your psychiatrist is a specialist doctor who knows about mental health. While here you will probably meet with a consultant (senior) psychiatrist and a registrar (trainee) psychiatrist.

A psychiatrist will meet with you several times. They will probably ask lots of questions to help them understand what’s going on for you. The more you can share, the better they will understand your situation and the better they can help you.

Your psychiatrist is responsible for:

• your assessment and treatment
• deciding whether your treatment is compulsory or non-compulsory
• approving leave from the ward.
Psychologist

Clinical Psychologists work with people on a range of issues, from everyday problems to serious episodes of mental illness. Psychologists can help you build on your personal and unique strengths, as well as support you in learning new skills.

You can discuss with your treating team that you think psychology may be helpful to your care. One of the psychology team members can then meet with you to talk further about how psychology may assist in your treatment and recovery.

Allied Health staff

Allied Health staff include social workers, occupational therapists, Allied Health assistants, art therapists and music therapists.

Talk to your nurse or psychiatrist if you would like to access these staff, and look for activities run by Allied Health staff.

Your usual support people

You can ask us to contact your usual support people if that will be helpful. You can also call them yourself from the patient telephone. This might include family, a partner, Nominated Person or a friend. It might also include community support workers like a keyworker or case manager. If you have a Nominated Person, they will be advised of your admission.

Pharmacist

A pharmacist will:

• meet with you soon after admission to ask about allergies, your usual medication and to find out if you are a smoker

• recommend the best nicotine replacement therapies available if you smoke or are a recent ex-smoker. They will also talk about ways to help you ‘quit’ or ‘cope’ with the smokefree environment.

• talk to you about medications and provide written information before you are discharged.

Social workers

A social worker aims to help you identify any psycho-social needs and then develop a plan to support you to meet these while on the ward.

A social worker will:

• provide information and support to your family/carer

• discuss coping strategies and goals, towards your recovery plans for discharge

• support and direct you to access community services and/or treatment teams in the community that will help with your mental health and other needs such as substance use, family violence, housing, socialising, sexuality, family conflict, spiritual.
You have the right to feel safe at all times. If you don’t feel safe, please talk to your contact nurse about how we can help you feel safer.
Rights and responsibilities

Legal rights: what you can expect

When you are admitted, you should expect to be given a booklet about your rights, and to have these explained to you by a staff member.

You must also be given a written copy of specific rights if you are receiving compulsory treatment or if any of the following treatments are planned for you: electroconvulsive therapy, major non-psychiatric treatment or psychosurgery.

Nominated persons, guardians, family members and carers should also be informed about your rights. If you have an Advance Statement, this will be viewed and considered.

Your rights to privacy and safety

You can ask for a male or female staff member if that feels safer for you.

You have the right to decide whether other people touch you or not. Staff members should ask for your permission before touching you for health checks or treatment – unless your safety is in immediate risk.

You can ask to get a room on the female wing of the ward if one is available (ground floor ward only).

You have the right to meet with visitors in privacy.

Your mail, personal journals and written materials are private. No one has the right to open or read them without your consent.
Your treatment rights

You have the right to:

• know what diagnosis the psychiatrist thinks you have, and what this means. You can ask for this to be explained to you and to get written information. Don’t be embarrassed to ask questions – it’s important to understand what will help you.

• disagree with your diagnosis if the psychiatrist doesn’t have all the right information about you. Please tell us if we are missing any important information.

• ask for a second opinion about your diagnosis and treatment from another Alfred psychiatrist or from an external psychiatrist (but the second option may incur costs to you).

• have your preferences from your Advance Statement considered

• be involved in developing your treatment plan, and to have your treatment choices explained to you (e.g., medication, therapy, support services), what treatments are recommended, and why.

• know what medications you are being given, why, and any possible side effects.

• talk to and have a nominated person or carer represent you.
Feedback and complaints

We welcome all feedback—whether it’s a compliment or a complaint—because it helps us to improve our service.

We invite you to give feedback directly to staff, complete a feedback form, or ask to speak to the Nurse Unit Manager or our Consumer Consultant.

We encourage you to speak with your contact nurse about your needs. Your contact nurse can show you how to provide feedback or make a complaint, and can give you the appropriate forms and written information.

Your privacy, confidentiality and quality of treatment will always be respected and protected, regardless of whether you make a complaint.

You are also welcome to share feedback and complaints at the regular Coffee on the Couch group.

If you feel that we have not resolved your complaint, you can contact the independent body:

Mental Health Complaints Commissioner: 1800 246 054

There are several ways of making a complaint to Alfred Psychiatry:

Make an informal complaint
In doing so you may be able to resolve the issue to your satisfaction while on the ward.

Make a formal complaint either by:

In person
Completing the Alfred Psychiatry Complaints & Comments form available on the ward.

Online
Go to The Alfred website at: www.alfred.org.au—click “Patients, families and friends” tab—‘Feedback’ option.

Mail
Send a letter of complaint directly to Patient Liaison Officer, The Alfred, PO Box 315, Prahran, Victoria, 3181.
Rights relating to compulsory treatment

If you want to appeal a decision to provide treatment compulsorily you have the right to appeal to the Mental Health Tribunal. Your nurse or case manager can provide the application form or call 1800 242 703

Rights relating to seclusion and restraint

In some circumstances you may be placed in ‘seclusion’. This means you will be placed alone in a locked room if a staff member thinks this is essential and the only way to keep you safe from hurting yourself or others.

In some circumstances you may be placed in ‘mechanical restraints’. These are straps that restrict your freedom to move. These are only used in rare situations when it is the only way to allow us to medically treat you, or to prevent you from hurting yourself or others, or from persistently destroying property.

Seclusion and restraints are not treatments, but rather safety measures.

You have a number of rights relating to seclusion:

• you can only be placed in seclusion or restraints for the previous reasons, and only while these reasons apply

• you must be given appropriate bedding, clothing, food and drink at the appropriate times

• you can ask for food and drinks when you want them
• you must be provided with a toilet and place to wash
• your physical and mental condition must be reviewed every 15 minutes
• in seclusion a doctor must examine you every four hours. In restraints you must be continually monitored.

Nobody likes seclusion or restraints, including us. Wherever possible we will always try to avoid them.

The best way to avoid seclusion or restraints is to talk to your contact nurse as soon as possible if you think you may become at risk to yourself or another person. For example, if you start to feel like self-harming, suicidal or like hurting someone else, or if you start to feel really angry or panicked – let us know straight away. If we know that you are struggling early, we can support you to feel calmer before seclusion or restraint ever become necessary.

If you do experience seclusion or restraint, be sure to talk to your nurse about the experience afterwards. Some people can feel distressed after this experience and staff are available to talk through your feelings with you.

Rights relating to Electro-Convulsive Therapy (ECT)
If your psychiatrist recommends that you have Electro Convulsive Therapy (ECT) you have the right to:
• be given information about ECT and have your questions answered
• refuse ECT, if the doctors decide you are capable of giving informed consent to ECT
• if ECT is considered best treatment, the doctors will apply to the Mental Health Tribunal for permission to provide ECT. You will be able to appeal to the Tribunal to refuse treatment
• get medical and legal advice
• get a second opinion from a psychiatrist about ECT
• have a friend, family member, nominated person or lawyer represent you.

Other rights
You have rights under the Charter of Human Rights and Responsibilities.

You have rights under the Freedom of Information Act to see medical records with personal information about you.
Getting advice, help and advocacy

There are lots of people and organisations available to give you advice, help and advocacy about your rights and responsibilities. You can ask your nurse to contact these people or services for you, or use the phones or internet to contact them yourself.

**Victorian Mental Illness Awareness Council (VMIAC)**

An advocate is anyone who is firmly on the side of a person or a group of persons for the purpose of standing up for what they want. VMIAC employs three advocates who provide coverage across Victoria. All VMIAC staff must have experienced mental illness or emotional issues in their own lives. We believe that this is essential to ensure that our commitment and accountability are always unwaveringly with the consumer.

Phone: 9380 3900

**Victorian Legal Aid**

Free legal advice or legal assistance is available. Legal Aid may be able to assist with legal representation at Mental Health Tribunal hearings.

Phone: 9269 0120
www.vla.vic.gov.au

**The Victorian Equal Opportunity and Human Rights Commission**

The commission helps people to resolve complaints about discrimination, has specific functions in relation to the Charter of Human Rights and Responsibilities and can give advice about the charter. Services include an enquiry line and a confidential, free and impartial complaint resolution service.

Phone: 1300 891 848
www.humanrightscommission.vic.gov.au

**Independent Mental Health Advocacy Service**

IMHA supports people who are receiving compulsory mental health treatment to make decisions and have as much say as possible about their assessment, treatment and recovery. The
service is free, independent and confidential. Advocates are available on the ward. Should you wish to speak with them please let your nurse know.

**Phone:** 1300 947 820
**Mon–Fri, 9.30am–4.30pm or email contact@imha.vic.gov.au**

**Complaints Commissioner**
The Mental Health Complaints Commissioner is an independent specialist statutory body established under the Mental Health Act 2014 to deal with complaints about Victorian public mental health services. The Complaints Commissioner is an independent voice working for positive change in Victoria's mental health system.

**Phone:** 1800 246 054
**www.mhcc.vic.gov.au**

**Mental Health Tribunal**
The Mental Health Tribunal is an independent statutory tribunal established under the Mental Health Act 2014. The Tribunal is an essential safeguard under the Act to protect the rights and dignity of people with mental illness.

**Phone:** 9032 3200
**www.mht.vic.gov.au**

**Legal Centre**
The Mental Health Legal Centre provides a free and confidential legal service to anyone who has experienced mental illness in Victoria where their legal problem relates to their mental illness. The centre also does work to promote the rights of people who experience mental illness.

**Phone:** 9629 4422
**www.communitylaw.org.au/mhlc**

**Community Visitors – Office of the Public Advocate (OPA)**
Community Visitors contribute to safeguarding the interests and rights of vulnerable people who have a mental illness and are living in, or receiving, psychiatric services.

**Community Visitors consider:**
- the appropriateness and standards of facilities.
- whether services provided are consistent with the human rights principles and standards
- whether people are physically or chemically restricted or isolated in any way and how this is justified, documented and monitored.
- whether or not individual plans for residents exist, are being complied with and are regularly updated.
- complaints from residents, complaints procedures, and the speed and extent of resolution.

If you wish to speak to a Community Visitor, call the Office of the Public Advocate on 1300 309 337

**www.publicadvocate.vic.gov.au**
Your responsibilities

You also have responsibilities when you stay at Alfred Psychiatry. It is important that we all work together to keep the ward safe, secure and comfortable for each other. Your responsibilities include:

**Treating other patients and staff with respect and courtesy**
A good rule of thumb is to treat other people the same way that you would like to be treated, and to be a little more tolerant than usual.

**Being non-violent in your language and behaviour**
Offensive and aggressive language, yelling, intimidation, and violence are frightening for many people, and make us all feel unsafe.

**Respecting the smoke free environment**
The Alfred is committed to ensuring that everyone can enjoy safe, clean air. See page 42 for information about how to cope or quit while you are here.

**Not using alcohol or other drugs**
These substances can interfere with medications and your mental health, and make it difficult for us to assess your health. Bringing substances (including cigarettes) onto the ward can also put other people at risk. If you are struggling with addiction and withdrawal, talk to your psychiatrist or contact nurse for more support - we can help.
Respecting the privacy of other people
This includes not going into other people's rooms, not taking photos, and giving people their own personal space. This includes not touching other people without their consent, e.g., ask if it's OK before giving someone a hug.

Not engaging in intimate relationships on the ward
Many people are vulnerable or confused during a psychiatric admission and may agree to things they wouldn’t normally do, so it is always best to say ‘no’. Please speak to a staff member immediately if you feel pressured or unsafe in regard to any sexual approaches or activity on the ward.
We are here to help with your mental health, but you are the person who can help the most. This section is here to help you think about all the things you can do to improve your wellbeing.
Recovery, treatment and support

Thinking about recovery

Recovery means something different to every individual. It might mean:

- finding ways to stop or reduce our ‘symptoms’, but it might also mean finding ways to live with them instead.
- being able to work, study and pursue things that make our lives meaningful – whether or not we are struggling.
- having friends, family and being connected to our communities.
- having good physical health as well as mental health.
- having those practical things that support our mental health, such as safe, affordable housing.
- being respected and treated with dignity, having our differences accepted and even valued.
Sensory modulation

What?
Sensory modulation is learning about using your senses to change your level of distress. Your senses are: sound, sight, touch, smell, taste, balance and movement.

Depending on what sensory preferences you prefer, sensory input can be calming or alerting and you may become more or less distressed as a result. This will affect how well you are able to regulate your emotions, your thoughts and your behaviour.

When you are distressed or upset (scared, angry, anxious, depressed) you are generally less able to work through difficult emotions and thoughts, and you are also less able to participate in meaningful daily activities.

Why?
Identify coping strategies that will help you increase your self-awareness and resilience and help you to manage symptoms of mental illness.

How?
• Explore the ‘Sensory Box’ at the Nurses’ station.
• Come to ‘Sensory Group’ to explore this concept more and how it might apply to you.
• Develop a ‘Sensory toolkit’ to carry with you.
• Complete a ‘Sensory Profile’. This is an assessment developed to help you understand sensory preferences based on how you respond with different senses. This will help you to develop coping strategies in everyday life. These strategies aim to help you regulate emotion, behaviour, and cope better with aspects of your environment.

Talk to the Occupational Therapist on the ward to learn more and get support with sensory modulation.
Barriers to recovery

There are lots of things that can get in the way of recovery.

Being in hospital can give us some valuable breathing space to think about these barriers. If you want, help is available to talk about these issues, and maybe even decide to make some changes or get some ongoing support.

Are there any barriers to recovery in your life?

These are some of the most common barriers to recovery:

- lack of support and social inclusion
- low or poor self-esteem
- not being or feeling safe and secure
- physical illness/disability
- being unable to find meaning or purpose in life
- unhealthy or harmful relationships
- not having a secure and affordable place to live
- substance misuse/abuse
- money problems or difficulties

Do any of these create issues in your life?
Thinking about treatments

If you are not sure about the best choice for your treatment, here are some questions to ask your doctor:

• What are all of my choices?
• What are the ‘pros’ and ‘cons’ of each treatment option?
• Is this a short term, medium term, or long term treatment?
• What are all of the side effects of the treatment?
• What can we do to prevent or manage the side effects? How can you support me with this?
• What community recovery and rehabilitation support services can I access?
• How can my family, friends, partner and carer be involved?

Treatment plan

Your treatment team will work with you to develop a treatment plan that can address your wants and needs.

You are encouraged to be involved in this process. To be involved, you can discuss your options with your consultant psychiatrist or registrar and ask questions about medication, length of stay, leave and what is required to be discharged from the inpatient unit.

If you would like a written copy of your treatment plan, please ask your consultant psychiatrist or allocated nurse for a copy.

Working with your treatment team

Once you have been assessed and diagnosed, your psychiatrist and other members of your treatment team and carers (or nominated person, if appropriate) will work with you to plan your treatment. It is important that you play an active role in this process by sharing your wants and needs, asking questions if there is anything you don’t understand, and carefully considering all of your options.
Thinking about your triggers

Sometimes it can also be helpful to think about any issues that might be ‘triggering’ your mental illness, or making you feel worse. There may be some support available to help with these issues.

Some common issues to consider when you think about your mental health include:

- past experiences of trauma
- use of alcohol and other drugs
- currently being in an unsafe or highly pressured situation.

Community Treatment Orders

It is possible that you might leave the hospital with a ‘Community Treatment Order’ or ‘CTO’. This means that you will still be receiving compulsory treatment, but in the community instead of in hospital.

Like with compulsory treatment in hospital, you have a number of rights and options about CTOs. All of the organisations listed in the section on ‘rights and responsibilities’ can talk to you about these rights. Your doctor or nurse is also required by law to give you written information about these rights, and to explain them to you.

Help us understand

It will help us to understand what you are experiencing if you can share the thoughts, emotions, behaviours, urges, feelings and fears that are difficult for you. Most of us haven’t had these experiences before, so when you share them with us, it helps us understand how to support you, how to best work on your recovery and help you be able to go home.
Useful mental health information

This section gives you a brief introduction to some of the major diagnoses, medications and physical health topics relevant to mental health. Hospital staff can give you a lot more information about these topics.

About mental health diagnoses

There are lots of different diagnoses, or categories of mental illness. Almost every diagnosis has at least one unusual or distressing change in your:

- thinking
- emotions
- behaviour, or
- sensations and perceptions.

Mood disorders

Depression, anxiety and bipolar disorder fall into this category.

**Depression** is not just being ‘sad’ – it can mean feeling utterly in despair, and often leaves us feeling really empty, without hope, and without energy to do anything.

**Anxiety** is when our fear gets really out of control. There are a few different types of anxiety, such as ‘Obsessive Compulsive Disorder’ (OCD), ‘Panic Disorder’, Post-Traumatic Stress Disorder and ‘Generalised Anxiety Disorder’.

**Bipolar disorder** used to be called ‘manic depressive disorder’, and usually involves alternating between feeling depressed (see previous) and ‘manic’ – which means that you might find your thoughts race, you might become impulsive, not be able to sleep, and do things that you wouldn’t normally do. Sometimes bipolar disorder can also include psychotic experiences (see page xx).
Psychotic disorders

Schizophrenia and schizoaffective disorder fall into this category, and both involve experiences called psychosis, such as:

- hearing, seeing or feeling things that other people can’t (doctors call this ‘hallucinations’)
- having unusual beliefs that most other people don’t share (doctors call this ‘delusions’)
- feeling confused in your thinking

If you are diagnosed with schizoaffective disorder it means you may also experience some of the things talked about under mood disorders, like depression.

Personality disorders

Borderline Personality Disorder (BPD) is the most commonly diagnosed personality disorder. BPD can involve extreme emotional sensitivity, difficulty with relationships, feeling really empty, self-harm, and or impulsive behaviour. BPD can happen along with depression, anxiety, eating disorders or other drug and alcohol use. BPD is often, but not always, related to traumatic experiences earlier in life. The prognosis for those with BPD is very positive, with many consumers achieving remission and recovery when engaged with treatment.

Dissociation is a common experience which can sometimes become confusing or distressing. Everyone dissociates sometimes (for example, when we drive along a regular route we might ‘go on automatic pilot’ and not remember the actual drive). Dissociation can become a problem if we start regularly feeling numb, separate or disconnected from our thoughts, memories, feelings, body, other people or our environment. Some people may even dissociate from their identity or sense of self.
Writing an Advance Statement

An Advance Statement will help you to express your treatment preferences if you become unwell and need compulsory treatment.

An Advance Statement is not a directive, however:

• Your psychiatrist must consider your Advance Statement when they make decisions about your treatment;

• Your psychiatrist may make treatment decisions when you are not well enough to agree or disagree with the treatment;

• Advance Statements must be signed by an authorised witness and cannot be amended.

When you are ready to write an Advance Statement, consider the following:

• Mental health treatment and care – think about what you need for your medication, care and treatment.

• What helps and doesn’t help for you – think about what has helped in the past, what didn’t help you and what was difficult for you.

• Other health needs – what do you need for other health issues (eg reading glasses, heat-pack).

• Family and friends – List the people you would like to be told as soon as you are admitted to hospital.

• Pets – Write down the pets you have and who you would like to look after them for you while you are unable.

• Finances – Note down who you have arranged to look after your finances and bills.

• Advocate – Who is the Nominated Person, carer, friend or other person you would like to advocate on your behalf?

Please ask your nurse for an Advance Statement form with your discharged summary.
About mental health medications

There are many different types of psychiatric medications. This section gives you a brief introduction to these medications, but your psychiatrist and pharmacist will give you lots more information about any medications that you are prescribed.

There are four main categories of medications in psychiatry:

**Antipsychotic medication:** used mostly for symptoms of psychosis, like hearing voices or having unusual beliefs. Sometimes also used for anxiety.

**Antidepressant medication:** used mainly for depression or anxiety.

Mood stabilisers: to help reduce mood swings, mainly in bipolar disorders.

**Anti-anxiety medication (also called benzodiazapines):** used to reduce anxiety and sometimes to help with sleep. These medications will make you feel calmer, sedated or drowsy. Anti-anxiety medications can be addictive if not used properly – your psychiatrist or pharmacist will talk to you about this.

Important things to know about psychiatric medications:

**Side effects:** are different for each medication and each person—some people have no side effects and others have many. Some side effects can be very serious and others are minor and may go away within a few weeks.

**Stopping medication:** you should never stop medication suddenly as you could experience withdrawal effects. If you are thinking about stopping medication you should talk to your doctor.

Your psychiatrist, contact nurse and pharmacist will talk to you about medication side effects. Please let your psychiatrist know if you experience any of them.
**Choice** is an important part of your treatment and care. You can ask us about other choices for medication and treatment.

**More than medications.** Remember that medication is just one aspect of recovery - on its own no pill will fix all our problems. Alongside medication we also have many other options, including: talking therapy or counselling, occupational therapy, coping skills, self-help and peer support.

**What are PRNs?** PRNs are medication used just when you need it, rather than on a regular basis. A common example is using a PRN when you feel your anxiety is getting out of control. PRN is shorthand for the Latin term ‘Pro Re Nata’ which just means ‘in the circumstances’. If you have PRNs prescribed, just ask your contact nurse for them when needed.

**Diet**
A healthy balanced diet is important for good general and mental health. It can sometimes be difficult to prepare healthy food on a low income, or if your mood makes you feel unmotivated. Some psychiatric medications may also affect your diet, for example they might make you feel nauseous so you eat less, or give you cravings so you eat more.

If you struggle with healthy eating, please speak to your contact nurse to ask for referral to a hospital dietitian.

**Sleep**
Regular sleep is essential for physical and mental health. It is very common for people struggling with mental health to either develop insomnia (not enough sleep) or to sleep too much (either because of feeling demotivated or because of the sedating effects of some medications). Being in hospital can be a good opportunity to get into a regular pattern of sleep.
Working on your physical health

Exercise
Exercise is difficult for lots of people, but for many people struggling with mental health issues it can be even more difficult to get motivated. Regular exercise can be a huge help to better mental health by producing ‘feel good’ chemicals and giving you more energy. Regular exercise can also help to combat weight gain caused by some psychiatric medications.

Alcohol and other drugs
Many people with mental health issues use alcohol or other drugs. Sometimes people use these substances as a kind of self-medication to get through – but they almost always end up causing more problems than they solve. Alcohol and other drugs can make your mental health issues a lot worse, they make it much harder for us to assess your mental health condition, and they can also interfere with your medications. There are also many other health risks associated with alcohol and other drugs.

Sexual health
Do you need advice or information about contraception, family planning, pregnancy, sexually transmittable infections or difficult sexual urges or desires?
Talk with your contact nurse for support on sexual health.

Sexual safety
Your safety is always our first priority. No intimate contact or sexual activity is permitted on the ward at any time. Sexual activity on the ward can be unsafe for many reasons, including creating an environment where you and others may feel and actually be more vulnerable. It is also possible that your capacity to consent to sex, and your sexual interests, may be very different while you are unwell to how you generally feel. You are welcome to talk to your contact nurse about these topics. If anyone makes sexual or other inappropriate advances towards you, please speak to your contact nurse immediately.
We are smoke free

You have two choices: quit or cope

**Quit**

Quitting is great for your health! This is a great opportunity to give it a go.

If you decide to quit, we’ll offer you information, support and encouragement.

**Quit plan**

Work with your nurse and the pharmacist to create a personal plan for quitting.

**Quit phone**

Use the patient phone to call QuitLine for advice and support: 13 78 48

**Nicotine replacement**

You can get seven days of nicotine replacement to take home after discharge. Speak to your nurse about referral to Quit support services for when you go home.

**Cope**

It’s also OK if you just want help to cope with withdrawals during your admission.

If you decide to cope, we will offer you support to help you get through your admission.

**Leave**

You cannot smoke on escorted leave (with staff) as this exposes them to passive smoke.

**Nicotine replacement**

The pharmacist will be able to help you decide which nicotine replacement will work best for you.

**Letting others know**

Remember to let your visitors know that you are not smoking at the moment; they may be able to help you cope.
Strategies that can help

Nurses are here to help
Work with your nurse for advice, support and encouragement, especially when you’re really struggling. Our staff have training in coping with nicotine withdrawal and can share lots of great ideas.

Use nicotine replacement
Whether you’re quitting or coping, nicotine replacement can really help with cravings. The pharmacist will get you nicotine replacement very soon after you arrive – be sure to use it.

Posters and other information
There is lots of information around the ward to help with nicotine withdrawal. Grab some info and have a read, try some of the coping strategies suggested.

Healthy snacks
It can help to have healthy snacks when you have the urge to smoke. Grab some fruit or nuts.

Get active
Try to attend all the groups and activities on the ward – keeping busy will help distract you from difficult cravings.
Self-help

We know ourselves better than anyone else, we are always available, and we are the ones with the most to gain by helping ourselves.

**Self-help materials and spaces on the ward**

**Visit the art room** – try some drawing, painting, clay work or writing. Creative work is a great way to express difficult feelings and get them out of your head. Plus you might get to chat with some new people. The art room is open from 8am – 8pm most days. We have a regular art therapy group and everyone is welcome to join in.

**Music and instruments** – listen to music or try some of our instruments. If you have your own instrument please talk to your nurse about keeping it safe.

**Nature** – spend some time walking or sitting in the courtyard. Fresh air, sunshine and trees make most of us feel at least a little better, and it can be a pleasant break from the ward.

**Get active** – we have basketballs and hoops in the courtyard and an exercise bike, so why not get your metabolism going a bit? Exercise is one of the best ways to make you feel better. We also have regular walking and gym groups so please ask your nurse if you’d like to join us.

The best support person anyone can have is always themselves.
Relax – if you want some quiet time then visit the TV area. Please remember people won’t always want to watch the same show, so talk over preferences with other patients. Talk to your nurse if you feel uncomfortable with what is on the TV. There are videos and DVDs stored under the TV. Magazines and books are also available – feel free to read these anywhere on the ward, but please return them when you are finished.

Use your senses – ask to see the Occupational Therapist to use some of our sensory modulation equipment. Working with your senses (especially sight, smell and touch) can be very calming when feeling distressed.

Building your own coping skills

Coping skill are all the things we do to help us get through difficult times. Your stay in hospital can be a great opportunity to practice your current coping skills, and to learn some new ones.

Some coping skills are healthy, eg, talking to a friend or meditation, and other coping skills are not so healthy, like using drugs or self-harm.

We can’t get to a destination if we don’t know where we are going. It’s the same with mental health recovery – we need to set goals.

Why not spend some time to think about your own recovery goals? This can be really useful information to share with hospital staff, nominated person and your community support people. Your goals can be included in your hospital treatment plan.
Self-help strategies for crisis situations

If you feel like you are struggling with your thoughts or emotions, the following may help:

• talk to your contact nurse or another staff member

• move away from the situation, thing or person that is upsetting you

• breathe slowly, in and out. Count each breathe going in and out, until you get to 10. Then start again at one. Do this several times.

• find a way to let your anger out which is safe for you and others: run or briskly walk laps around the courtyard, splash paint onto paper in the art room, play one of the musical instruments, take a cool shower.

• when you feel a little better, write down what made you feel angry, and why. It could be useful to talk this over with your nurse or doctor.

If you feel like you want to hurt yourself:

Talk to your nurse or OT about strategies to help avoid self-harm. There are lots of options, and it really helps to have support.

Remember that self-harm is a way of coping with painful emotions, but there are much better options.

If you have any implements you could use for self harm, please give them to a staff member. Keeping these items on the wards could put other people at risk as well as yourself.

Try an activity to distract yourself until the urge passes. Or try to shift your emotions and do something kind for someone else - or even better, do something kind for yourself. For example, have a shower, do your hair, tidy your room.
Getting more active on the ward

Occupational Therapists (OTs) can assess how a person is functioning in areas of work, education, recreation, living skills, personal care and social relationships. OTs can provide recommendations and work with individuals on how they enhance their ability to perform the tasks they are wanting or needing to do. OTs can work with individuals, families/care givers, facilitate groups, liaise with other service providers, and provide secondary consultation.

OTs run all types of group activities on the ward. An OT will speak to you in your first few days about the group program.

The group program offers a range of therapeutic activities which vary depending on people’s needs and interests.

Groups and activities are updated daily on the ward whiteboard. There is also a weekly group program board in the living area.

Recovery group

Our Recovery Group is an informal therapeutic group where you can share ideas and listen to other people’s thoughts about what personal recovery means and how we get there.

The group is co-facilitated by an occupational therapist and a psychologist, who aim to create an environment that promotes peer support.

Coffee on the couch

This group is held regularly during the week. Fresh plunger coffee is available to enjoy, and a member of staff will facilitate the group. It’s a chance to explore the information in this book, learn how to give feedback or make complaints, understand your rights and responsibilities, find out what is happening on the ward, and get to know other patients and staff.
Exercise groups

Exercise is one of the best natural antidepressants you can try.

Exercise groups are held regularly throughout the week, and may include walking, going to the gym, Tai Chi, yoga and other activities. A staff member will escort each group.

Walking group goes to the local park to get some fresh air and take in the sights. Enjoy the peace of the outdoors, have a chat with others, and get your body moving.

Art therapy

An art therapy group is held regularly during the week in the art room. Times are displayed on the noticeboard. Art therapy is a chance to use art materials to express your thoughts and feelings in a creative environment.

You don’t have to be an artist to do art therapy – in fact you don’t have to know anything about art at all. This is a safe space to relax and share with others.

Other activities

Other activities are held on the ward from time to time. These might include cooking and talking groups.

We also have a weekly BBQ in the courtyard.

Keep an eye on the noticeboard for upcoming group activities.
The courtyard

Why not take advantage of the courtyard? It has an established garden with plants and herbs, and you are welcome to ask the occupational therapist for equipment to water the plants if you like gardening.

There is also a basketball hoop and sports activities held in the courtyard.

Nicest of all, it’s a chance to sit in the sunshine and get some fresh air. Sunblock is available from your contact nurse.

Local services

Local services include:

- newsagent
- convenience store
- food outlets
- pharmacy
- bank ATMs.

You will need to have leave to use these services; or your carer/nominated person may wish to use them.

There is a map on the inside back cover of this handbook to show you where all these services are located.
Getting active OFF the ward

When you are ready, starting to get active outside the ward is a great way to get prepared for going home again.

Your first step to get active off the ward is to be approved for leave.

**What is leave and how can you use it?**

*Leave* is the word we use to refer to your time away from the ward. Most people don’t have leave when they first arrive at the hospital. This is to give us time to assess your mental and physical health and to be sure you are safe to go out on your own.

*Escorted leave* is often the first step in getting time away from the ward, which means you’re allowed to leave the ward but only with someone else. This might be a staff member, nominated person, family, friend, partner or carer, or a community support worker.

*Unescorted leave* means you have permission to take time away from the ward on your own.

You will probably be given a time limit when you first get leave. This might be quite short to start with, and will gradually get longer.

Returning from your leave on time makes it more likely that doctors will approve extending the time of your leave.

**You can use your leave for all sorts of things, like:**

- walking in the park
- buying items you need (staff may ask to see items you bring back to the ward with you to ensure you have nothing dangerous)
- eating or having a coffee at local cafes or restaurants
- visiting friends or family
Using leave to prepare to go home

If you or the doctors are concerned about how you will cope when you go home, you might be given leave to help prepare for this. For example, you could use your leave to visit your home and organise it for when you return. You might just spend some time at home to get used to being on your own again.

Sometimes people are approved for overnight leave. This is a chance to spend time with family, or try out staying at home alone. This is useful preparation for when you are discharged. It helps to find out how you cope away from the ward.

You might also be interested in our PARC service (Prevention and Recovery Centre) which is a short term residential rehabilitation service provided by The Alfred and Wellways. Staying at PARC gives you a transition to going home on your own. It still provides lots of support, but in a community rather than hospital setting.

Speak to your psychiatrist or contact nurse if this sounds helpful for you.

How to get leave

The doctors will approve leave after considering whether:

- you are able to walk steadily and safely
- you are likely to return to the ward at the end of your leave
- you are likely to be safe from self-harm or suicide
- there is any risk of you harming someone else
- you are able to orient yourself, walk steadily and communicate with others

If you would like to get approved for leave, please speak to your contact nurse or psychiatrist
Going home

Safety
If you have been living in an unsafe situation (e.g., domestic violence) then it is important that you have a safe place to stay organised before you are discharged. Your doctor will also want to know that you are not at risk of harming yourself or someone else.

Somewhere to go home
You need to have a current address in order to leave the ward. If you have been experiencing homelessness, then we will do our best to find accommodation for you before you are discharged.

Understanding mental health issues
By the time you leave the ward you should have an understanding of your diagnosis and treatment. This includes understanding what helps you when you are in distress, and also knowing how to get more help when you need it.

Medications
If you have been prescribed medications then a pharmacist will come and see you before you are discharged and give you some medication to take home, along with instructions. Be sure to ask any questions that you have. If you are a smoker remember that you can also be prescribed some nicotine replacement therapy when you leave, like patches or gum.

Ongoing care
When you are discharged from hospital, you will be provided with further support. You may be discharged to your GP, to the Waiora or St Kilda Road Community Mental Health Service or your private psychiatrist. It might also include a referral to a psychologist or counsellor. It is important for you to discuss these options with the treatment team.
Involving support people

Who supports you when you’re not at hospital? Whoever it is, you are welcome to get these people involved while you are staying at Alfred Psychiatry.

Friends, family, partners and carers

If you have one or two people who take a big responsibility in supporting you, we refer to these people as ‘carers’. A carer does not have to be your ‘next of kin’.

Benefits of carer involvement

- The more a carer is involved, the better they will be able to support you when you go home.
- Being involved can help your carer to cope better.
- Being involved can help your carer understand you better.
- Carers can come to meetings with your doctor and give you extra support.
- Carers can be, but don’t need to be, your Nominated Person.

Impact on carers

Knowing you are struggling with your mental health can be scary for the people close to us, as well as for ourselves. Loved ones and carers may not understand what is happening to you or understand much about mental illness. Support is available for the people who care for you – carer consultants, and special support services, including financial support, for carers. Ask your nurse if your carer or family need some extra support or information.
Ways friends, family, partners and carers can help

Help may include:

• practical support, like bringing in fresh clothes and toiletries
• emotional support by visiting, listening and caring
• treatment support such as sitting with you for treatment planning sessions, helping you to understand your options, and helping you make decisions
• rights support, like helping you to access information about your rights
• discharge support, like staying with you when you go home, helping with meals and emotional support.

Your rights with carers

Most of the time you have the choice about who is involved in your care and support, even when it comes to carers. Your rights include:

• deciding who is your carer
• deciding what information the hospital will share with your carer and what is kept private.

Carer rights

Carers have rights too. These include:

• being treated with respect, dignity and privacy
• being given information, education and support to understand, advocate and care for you.

If you agree (‘give consent’) for your carer to be involved, your carer also has the right to:

• see and speak to you
• talk with hospital staff about your treatment
• arrange support services for themselves and for you
• share information with hospital staff about your lifestyle and relationships.

If you do not agree for your carer to be involved, your carer has the right to:

• decide when they will be available to see you
• get other opinions about your diagnosis and treatment
• share information with hospital staff about family relationships and any matters relating to your mental health
• get support for themselves.
Ways to keep in touch with children at home

- Ask staff or your nominated person to pass on a message for you
- Ask loved ones to bring in a photo of your children
- Phone your children
- Send a letter home
- Arrange a visit. We have a family-friendly visitors room, or if you have leave you can visit with your children at a local cafe
- Plan what to say and how to talk to your children about your mental health
- Ask for leave to visit home

Peer workers

Peer workers are members of staff who have faced experience of mental health distress and mental health services. They will assist you after discharge from the ward to:

- meet for up to 28 days following discharge
- support you with any specific need you have identified and help integrate you back into the community

Important note

Sometimes the hospital may need to contact a family member against your wishes in order to find out more about your situation. If you have good reasons for why the hospital should not do this (eg. an abusive partner, conflict with the person or an unhealthy relationship) please tell us so we can make the right decision.

Talk to your contact nurse for help and advice
Nominated Persons

The role of Nominated Person is to:

- help protect your interests;
- receive information about your treatment
- support you in the event you require compulsory mental health treatment
- engage in consultation at critical points in planning your treatment and recovery, and give their own views
- assist you to exercise your rights.

A nomination must:

- be in writing
- be signed and dated by the person making the nomination
- specify the name and contact details of the person being nominated
- include a statement signed by the nominated person stating that they agree to be the nominated person
- include a statement signed by an authorised witness.

Potential issues

You may find:

- your Nominated Person may not always be available when you want or need them
- there may be some issues you would rather keep private
- the role of the Nominated Person is different to the role of the carer.

It’s important to nominate a person who you really trust and who genuinely supports you.
Reference information

Helpful contacts
There are lots of extra support services available in the community, and this section lists the most commonly used services in this area. If you try a support service that isn’t on this list be sure to check that they are reputable.

Community support services

**Inner South Community Health Centre**
St Kilda, Malvern & South Melbourne
Free GP services, recovery, rehabilitation, health services and case management.
Phone: 9525 1300
Fax: 9521 2474

**Prahran Mission**
St Kilda
Provides programs, including the Drop In Centre, a meals program, a range of activities and groups and an outreach program for adults with a serious mental illness who live in the City of Port Philip, Stonnington and Glen Eira.
Phone: 9692 9500
Fax: 9510 9627
Mind Australia
Provides information and advice, personalised support services, residential services, family and carer services, group support services, care coordination services, Mind Recovery College and psychological services.
Phone: 1300 286 463

Out Doors Inc
Fitzroy
Outdoor adventure and activity based recovery program for people with mental health issues. Activities such as cycling, kayaking, and abseiling.
Phone: 9417 2111
Fax: 9417 2163

St Kilda Drop-In Centre
A place where people who live with a mental illness and are socially isolated can meet and be supported.
Phone: 9525 5478
Fax: 9525 5704

Grow
Bentleigh, Caulfield and St Kilda
Self-help organisation for fellow sufferers of mental illness or emotional distress based on a 12-step program.
Phone: 1800 558 268
Fax: 9523 6877

Housing services
If you are homeless, at risk of homelessness or escaping family violence:
Call Launch Housing on 1800 825 955 (24 hours) and please also let your contact nurse or social worker know about your situation.

Drug and alcohol support services
If alcohol or other drugs are affecting your mental health please talk to your contact nurse or psychiatrist.

Directline
Alcohol or other drug related service for all Victorians.
Telephone counselling and support 24 hours, 7 days. Information about harm reduction with alcohol and other drug use. Referral to treatment and support services.
Phone: 1800 888 236

DrugInfo
Comprehensive information about alcohol and other drugs.
Phone: 1300 858 584
www.druginfo.adf.org.au
Services for specific groups

Men’s Shed
A space for men to get together and do some handy work, learn new skills, have a chat and get some company. There are lots of Men’s Sheds all over Melbourne. Phone: 1300 550 009 www.mensshed.org

Victorian Women and Mental Health Network
Representing the rights and needs of women in the mental health system. www.vicserv.org.au/policy-networks/alias.html

Outminds
Social activities and mutual support for LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex and Queer) people managing mental health. Phone: 9692 9500 www.outminds.com.au

Mental Health in Multicultural Australia.
Information for people from culturally diverse backgrounds about mental illness. Online discussion forums and opportunities to participate. Phone: 1300 136 289 www.mhima.org.au

Reachout
Online youth mental health service for people aged 15–25. www.reachout.com

headspace
National youth mental health foundation. If you are 12–25, you can get health advice, support and information from headspace. With centres all around Australia, headspace can help you with general health, mental health and counselling, education, employment and other services and alcohol and other drug services. Phone: 9526 1600 www.headspace.org.au

Support services for carers and families

Alfred Health Carer Service
Information and referral for carer support services and respite services. Phone: 1800 052 222 www.carersouth.org.au www.respitesouth.org.au

Tandem
Information about support, training and the carers support fund. Phone: 8803 5555 www.tandemcarers.org.au

Alfred Carer Consultant
Phone: 9076 4700
Specialist mental health services

**Spectrum**
Provides clinical assessment, second-opinion diagnosis and treatment for people diagnosed with personality disorder who are at serious risk.
Phone: 8833 3050
Fax: 9871 3911

**Reconnexion**
Information, education and counselling for panic, anxiety, sleep problems and depression. It also provides a specialist counselling service for clients who need or want to withdraw from benzodiazepine or analgesics use. Individual and group support.
Phone: 1300 273 266 (Mon–Fri, 9am–5pm)
www.reconnexion.org.au

Trauma support and counselling
If personal trauma is affecting your mental health, please talk to your contact nurse or psychiatrist.

**Women’s Domestic Violence Crisis Service**
Phone: 1800 015 188

**Men’s Referral Service**
Phone: 9428 2899 or 1800 065 973 (Mon–Fri, 12 noon–9pm)

**Centres Against Sexual Assault (CASA)**
The 15 CASA centres in Victoria work to ensure that women, children and men who are survivors of sexual assault have access to crisis intervention, counselling and support, and information and advocacy.
Phone: (general) 9635 3600
Phone: (crisis) 1800 806 292
www.casa.org.au

**Adults Surviving Child Abuse (ASCA)**
Information, resources, self-help strategies and training.
Phone: 1300 657 380
www.asca.org.au

**Foundation House**
The Victorian Foundation for survivors of torture. Counselling, advocacy and referral, information, complementary therapies and refugee mental health program.
Phone: 8788 3333
www.foundationhouse.org.au

**Voices Clinic**
The Voices Clinic is a specialist psychological treatment and research clinic for people who hear voices or have a diagnosis of a psychotic illness such as schizophrenia. People can be seen under the Medicare items for clinical psychology services. Bulk billing is available.
www.maprc.org.au/voices-clinic
Voices Vic
A peer-run service offering support groups and individual support for people who hear voices or have unusual experiences. A consumer-led program of Prahran Mission.
Phone: 9692 9400
www.voicesvic.org.au

Adavic
Telephone support and information service, weekly support group meetings, online discussion forum for sharing experiences with others in the community, social events and outings, referrals to therapists specialising in anxiety and depression disorders.
Phone: 9853-8089
www.adavic.org.au

Online information and resources
Victorian Mental Illness Awareness Council (VMIAC)
www.vmiac.org.au
Our Consumer Place
www.ourconsumerplace.com.au
National Empowerment Center
www.power2u.org
Voices Vic
www.voicesvic.org
Intervoice
www.intervoiceonline.org

Icarus
www.theicarusproject.net

Help lines
Useful numbers for when you go home.
24 hour help line services

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfred CAT Team</td>
<td>1300 363 746</td>
</tr>
<tr>
<td>LifeLine</td>
<td>13 11 14</td>
</tr>
<tr>
<td>Suicide Line</td>
<td>1300 651 251</td>
</tr>
<tr>
<td>Kids Help Line</td>
<td>1800 551 800</td>
</tr>
<tr>
<td>Gamblers Help</td>
<td>1800 858 858</td>
</tr>
</tbody>
</table>

Alfred Psychiatry Continuing Care Services
Waiora Community Mental Health Service
(servicing Malvern, Caulfield, Elsternwick (part of), Gardenvale, Armadale, Prahran, Carnegie, Murrumbeena, Chadstone (part of), Ormond, Glenhuntly)
435 Malvern Road,
South Yarra
Phone: 9076 4700
(AH 1300 363 746).
St Kilda Road Clinic
(servicing St Kilda, Port Melbourne, Windsor – south of High Street, Albert Park, South Yarra, Ripponlea, Elwood, Garden City)
Level 3, 607 St Kilda Rd, Melbourne
Phone: 9076 9888

Child and Youth Mental Health Service
For persons aged up to 25 years (servicing Port Phillip, Stonnington and Glen Eira – north of North Road)
999 Nepean Hwy (cnr South Road), Moorabbin
Phone: 8552 0555

Headspace, Alfred
For persons aged 18–24 years (servicing Bentleigh and Elsternwick)
Phone: Bentleigh: 90769400
Phone: Elsternwick: 95261600
Further help lines – limited hours

Women’s Information Referral Exchange (WIRE)
Phone: 1300 134 130 (Mon–Fri, 9am to 5pm)
www.wire.org.au

Men’s Referral Service
Phone: 9428 2899 or 1800 065 973 (Mon–Fri, 12 noon–9pm)
www.mrs.org.au

Parentline
Phone: 132 289 (Mon–Fri, 8am–midnight, Saturday and Sunday 10am–10pm)
www.parentline.vic.gov.au

Bereavement Information and Referral Service
Phone: 1300 664 786 (Mon–Fri, 9am–5pm)
www.grief.org.au

Gay and Lesbian Switchboard Victoria
Phone: 9663 2939 or 1800 184 527 (Everyday except Wednesday 6pm–10pm, Wednesdays 2pm–10pm)
www.switchboard.org.au

Sexual assault crisis line – after hours
Phone: 1800 806 292, (weeknights 5pm–9am, and all day weekends)
www.sacl.com.au
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer</td>
<td>A person who provides you with care and support in your normal life. They may or may not live with you, and may be a friend, family member or partner.</td>
</tr>
<tr>
<td>Carer Consultant</td>
<td>A staff member who is responsible for representing the needs of carers at The Alfred and may also provide peer support to other carers based on their own lived experience.</td>
</tr>
<tr>
<td>Consultant</td>
<td>A senior psychiatrist, or doctor, responsible for assessment, diagnosis, prescribing medication and recommending other treatments. Approves leave and discharge and makes decisions about involuntary treatment.</td>
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<td>Consultant</td>
<td>A senior psychiatrist, or doctor, responsible for assessment, diagnosis, prescribing medication and recommending other treatments. Approves leave and discharge and makes decisions about involuntary treatment.</td>
</tr>
<tr>
<td>Consumer</td>
<td>A term used to describe someone who receives mental health services.</td>
</tr>
<tr>
<td>Consumer Consultant</td>
<td>A staff member responsible for representing the needs of consumers to The Alfred who has their own lived experience of mental health issues, service use and recovery.</td>
</tr>
<tr>
<td>Contact nurse</td>
<td>Your primary nurse—you will have a new contact nurse each shift.</td>
</tr>
<tr>
<td>CTO</td>
<td>Community Treatment Order. A legal order requiring you to receive mental health treatment after you leave hospital.</td>
</tr>
<tr>
<td>Handover</td>
<td>The period between shifts when nurses ‘handover’ to each other. Staff will let the next shift know about any special needs or issues.</td>
</tr>
<tr>
<td>HDU</td>
<td>High Dependency Unit. Locked part of the ward for more focused support. This is located behind the nurses station.</td>
</tr>
<tr>
<td>TO</td>
<td>Compulsory Treatment Order</td>
</tr>
<tr>
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</tr>
<tr>
<td>LDU</td>
<td>Low Dependency Unit. The main part of the ward</td>
</tr>
<tr>
<td>Nurse Unit Manager</td>
<td>The person responsible for managing the day to day operations of the ward.</td>
</tr>
<tr>
<td>Observations</td>
<td>Nurse notes about your mental health condition and behaviour while on the ward. These are recorded in your patient file.</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>PRN</td>
<td>Pro Re Nata (Latin term). Medication given ‘as needed’ rather than on a regular basis.</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Trained professional therapist on the ward who can provide talking therapies. Can help to explore coping strategies, trauma and other issues.</td>
</tr>
<tr>
<td>Registrar</td>
<td>A trainee psychiatrist who reports to the consultant psychiatrist.</td>
</tr>
</tbody>
</table>
Checklist

☐ I have been given a copy of my discharge summary.

☐ I have been given my medications and the pharmacist has explained when to take them.

☐ A follow-up appointment has been confirmed.

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact details</th>
<th>Appointment</th>
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</thead>
<tbody>
<tr>
<td>Case manager</td>
<td></td>
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<tr>
<td>GP</td>
<td></td>
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<tr>
<td>Psychiatrist</td>
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<tr>
<td>Allied health professionals (eg, psychologist or counsellor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other professionals (eg, specialists)</td>
<td></td>
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</tbody>
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