Peer Workforce Orientation Information

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Draft

NSW Health Northern NSW Local Health District

Mental Health Service

CONTENTS:

Peer Workers constitute a job position category within the NNSW LHD Mental Health Services (MHS). They have been working actively and collaboratively within the mental health workforce for many years in other LHD's and MHSs within Australia and internationally.

This information booklet will cover areas specific to the introduction and orientation of Peer Workers into the NNSW Mental Health Workforce. It is primarily developed as a guide to new Peer Workers in the service and a resource for other staff and managers in the Peer Worker Roles. It is to be utilised in conjunction with general orientation information for new employees in the Health Service and MHS.

1. Understanding the Peer Workforce

a. What is Peer Support?

The terms 'peer work' and 'peer support' refer to mutual support given by people who have similar experiences in life. The essential qualification for Peer Workers is to have a lived experience of mental health issues and recovery. The Peer Workers role will be to promote wellness through assisting and empowering people who experience mental health issues to set goals and develop their own personal strengths and resources. They will provide the social, emotional and practical supports to the person who experiences mental health issues which can encourage their self-directed recovery and the confidence to make social or personal changes in their lives.

b. What benefits can Peer Workers bring to the Mental Health Service?

Peer Workers are complementary to existing teams and enhance services through the effective contribution of their personal lived experience of mental health issues and recovery as well as their skills in the support worker role.

As part of a team, Peer Workers can contribute
- Their acknowledged lived experience of mental health issues, the impact this has on people's lives, and of recovery.
- Their acknowledged expertise in being able to utilize this lived experience as a skill to support others to achieve and sustain recovery.
- The rapport, trust and communication they are able to establish with consumers based on empathy, mutuality, connection and a holistic understanding of a shared experience.
- The ability to role model wellness and recovery and nurture hope.
- The ability to mediate between consumers and the MHS, supporting better access to and engagement of consumers in care.

In addition to these unique contributions, evidence collated by Health Workforce Australia (HWA 2014) indicates that the introduction of a Peer Workforce into multidisciplinary MHS teams may have many other benefits for people accessing MHS including:

- Improved self-management and responsibility for own self-care
- Improved social skills, inclusion and integration into the community
- Improved recovery focus and empowerment of staff and consumers
- Positive shift in organisational culture
- Reduction of stigma and discrimination
- Reduction of the rate of hospital admissions and readmissions
- Reduction in consumer use of crisis and emergency services
- Reduction in the use of seclusion and restraint
- Effective de-escalation of crisis situations
- Improved risk management

2. NNSW LHD MHS and the Peer Workforce

Peer Workers are additional to current mental health staffing, and are equal contributing members of multi-disciplinary teams. As well as offering particular services to promote recovery, their roles can enhance consumer and carer participation and partnership at individual and systemic levels.

A Peer Workforce can support people who access the service and their carers to have more involvement in and an improved experience of care. This partnership approach is reflected in Person Centred Care, Recovery Orientated Practice and Trauma-Informed Care which are a valued part of the MHS continuing quality improvement process. A partnership approach in the provision of individual care and all levels of the service can improve outcomes.

See Appendix A: Principles of Person Centred Care

The NNSW LHD MHS recognizes people who have experience of mental health issues and recovery as service partners. They have a right to:

- Self-determination and autonomy in their personal development as an individual and as part of groups
- Identify their own strengths and capacities and have this respected and supported by others. The concept of partnership means sharing "power with" rather than "power over" people so that strengths and potential are encouraged

- Safely share and exchange in a professional manner their unique perceptions and lived experiences of the MHS with other staff without fear of retribution
- Express a safe, informed alternative personal and/or cultural views complementary to conventional medical theories about mental ill health, recovery and services
- Be recognized, respected and valued to participate as equal members of teams within the MHS. Including, but not limited to
    - Participating in case reviews, planning and meetings concerning people who access the MHS
    - Participating in team and other meetings within the MHS
    - Representation and participation at all levels of the service
    - Representation and participation in quality improvement initiatives
    - Documenting relevant factual information in clinical notes
    - Involvement in own professional development and supervision
    - Being able to express clinically and professionally appropriate opinions that may or may not agree with those of carers and others without fear of retribution
- Privacy and confidentiality
- Monitor and manage their own mental health and wellbeing
- Access appropriate debriefing, supervision and the opportunity to discuss supports with their manager

3. Peer Workforce Roles
a. Role of the Peer Workers
Peer Workers are complementary to and work collaboratively within multi-disciplinary teams. They use their lived experience of mental health issues and recovery to give feedback to their teams and provide support to people who access the service in line with the Model of Care and Person Centred Care Plans.

Peer Workers focus on developing supportive empathetic relationships with people who access the service based on shared lived experience of mental health issues and recovery. Peer Workers are role models and use their experiential knowledge, skills and strategies for living with mental health issues to inspire hope and empower people who access the service through appropriate encouragement and information to support their personal recovery.

The Peer Worker roles may include:
- Using own recovery experience and knowledge to share information, skills and strategies that support recovery and promote optimism
- Using own recovery experience and knowledge to act as a consultant in

meetings, planning and reviews of individual people who access the service

- Working collaboratively within teams to identify opportunities for and provide support to people who access the service
- Being responsive to the needs of the people who access the service and working alongside them in developing plans, wellness and recovery strategies and skills that will support community living
- Attending specific activities such as the Mental Health Review Tribunals, Medical reviews, Centrelink appointments
- Planning, leading or co-facilitating peer led groups in community settings to support people who access the service with their individual recovery
- Providing information to people who access the service such as rights and responsibilities, recovery and community support options
- Providing training and education to staff on peer support and other areas
- Participating on committees, working groups and projects representing the views of people who access the service
- Participating in consumer and carer partnership activities such as the YES and Carer's Surveys
- Connecting and referring people who use the service with community services, resources and activities

Refer to each teams Peer Worker Position Descriptions for more detail

b. Role of the Consumer Partnership Coordinator

The Mental Health Consumer Partnership Coordinator is also a designated role for a person with a lived experience of mental health issues and recovery. The Consumer Partnership Coordinator position is based in District Mental Health.

The role of the Consumer Partnership Coordinator is to provide consumer consultancy and systems advocacy in governance, strategic, service and policy development. The position also develops, undertakes and supports consumer and carer partnership initiatives throughout the MHS.

The Consumer Partnership Coordinator will be available to support the Peer Workers, their managers and teams. Assisting through
- Conducting regular Peer Worker meetings
- Conducting regular meetings with managers with regards to Peer Work
- Being available to inform and support Peers Workers and managers if issues arise related to Peer Worker positions and roles
- Ensuring that Peer Workers are supported in their roles

- Providing education and information with regards to Peer Work roles

The Consumer Partnership Coordinator will also compile feedback for the Mental Health Executive and work with managers to develop strategies to address
- Peer Worker role issues arising
- Service issues identified by people who access the service and their carers through Peer Work with them

c. Peer Support Work Scope of Practice

Peer Workers will work within the scope of their job descriptions, and will comply with all Ministry of Health and Northern NSW Local Health District policies, procedures and guidelines. Peer Workers are bound by the NSW Ministry of Health's Code of Conduct. Day to day direction will be provided by the Nurse Unit Manager or Manager of the service within which they are located.

All Peer Worker positions are non-clinical and whilst their contact with consumers and carers may be therapeutic in impact, their roles do not include the provision of therapy.

Peer Workers will be responsible for their own actions and accountable to their Manager. Peer Workers located in service sites will work in collaboration with the treating team. This may include clearly identifying and delineating with treating team members the specific roles and tasks undertaken by the Peer Worker and other members of the treating team.

When a Peer Worker is advocating on behalf of a person accessing MHS or their carer regarding MHS, they will do so openly and in communication with the treating team. Should disagreement or conflict be unable to be resolved within the treating team, the matter will be referred to the Manager.

Peer Workers may work with individuals or with groups. Group work will be more educative or informative in approach and will not include therapy.

4. Workplace Supports for Peer Workers

Organisations have a responsibility to create a healthy workplace and ensure the physical and mental health of all staff within the workplace. The Peer Workforce will share the same supports as all staff such as
- Access to supervision. The Peer Workforce can access internal or external supervision as outlined in the Clinical Supervision in the NNSW LHD MHSs Procedure (NC-NNSW-PRO-7649-16)
- Reasonable workplace adjustments. These support all workers with a non-work related health condition or injury to maintain their employment. These

adjustments should be discussed and negotiated with managers at the outset of employment and regularly reviewed. The Procedure for Managing Non-Work Related Injuries or Health Conditions – Managers Toolkit (NC-NNSW-PRO-7600-15) guides this process.

- Professional development and orientation. Some training and orientation will be offered by the MHS in Peer Work and areas related to working in the MHS. Peer Workers are encouraged to identify and engage in ongoing training that supports them in their role.

The uniqueness and newness of the Peer Workforce positions NNSW LHD to the MHS may create some initial challenges for Peer Workers and MHS. Other supports that Peer Workers may access include:

- Peer Champions. Identified members of teams who are informed about Peer Work and can support and mentor Peer Workers and other team members.
- Debriefing and mentoring Regular and ad hoc debriefing and mentoring can be arranged to support Peer Workers in their role and their wellbeing
- Networking. Peer Workers will meet and communicate regularly with other Peer Workers in the MHS. They will also be encouraged and supported to connect with Peer Worker Networks outside of the MHS.

The Consumer Partnership Coordinator will provide leadership, advocacy, mentorship and support for the Peer Workforce as outlined in section 3. Peer Workers and managers can contact the Consumer Partnership Coordinator to discuss support options and issues arising.

Peer Workers' and their Personal Wellbeing

Peer Workers are employed because they have a Lived Experience of mental health issues and recovery. They have been selected due their ability to self-manage their wellbeing. They may experience challenges to their wellbeing in the workplace and being supported to progress through this can validate their own strengths whilst they role model capacity and recovery.

Peer Workers are primarily responsible for monitoring and maintaining their own wellbeing in the workplace. To support them in doing so, it is suggested that Peer Workers consider

- Discussing with line managers and champions their preferences and needs if they become unwell in the workplace.
- Developing a Ulysses Plan. See Appendix B: Ulysses Agreement
- Discussing with line manager and champions any issues that could or do arise

In preparation of a possible period of un-wellness, Peer Workers should consider whether they would like to access the same service that they work for and inform their line manager of their preferences.

Being consistent with the policy for all staff, personal medical files and information regarding a Peer Worker is private and confidential. Peer Workers and clinicians are encouraged to maintain a boundary between their private clinical relationships and their professional roles.

And as with all staff, any concerns regarding a Peer Workers wellbeing in the workplace should be confidentially discussed with their line manager or the nominated team Peer Champions. Team members need to keep in mind that the Peer Workers are professional members of their team.

5. Peer Workforce Workplace Guidelines

Being consistent with the policy for all staff, Peer Workers
- Will comply with all NSW Ministry of Health and Northern NSW Local Health District and MHS policies, procedures and guidelines.
- Are bound by the Ministry of Health's Code of Conduct
- Will comply with various relevant legislations and legal parameters

These areas will be covered more fully in general orientation to the NNSW LHD Health Services and the MHS.

Professional Boundaries and Peer Work

Peer Workers are required to use their lived experience of mental health issues and recovery in their role and this is known by all staff in the service and potentially, by the people who access the service and their carers.

Peer Workers, therefore, experience a unique complexity in their workplace identity as their role places them between being a service employee and a person who has accessed MHS. This valuable aspect of the role can be challenging for Peer Workers and other staff to negotiate. Maintaining healthy personal and professional boundaries enables safe and supportive relationships and well-being.

a. Conflict of interest

Peer Workers need to be trustworthy and objective within their roles. Being consistent with the policy for all staff, it is important for Peer Workers to keep their professional relationships and private friendships with people who access the service separate from work. This can be challenging in rural communities

especially when Peer Workers choose and benefit from relationships with other people who have a lived experience of mental health issues.

Additionally, being consistent with the policy for all staff, Peer Workers need to acknowledge and disclose any potential "conflicts of interests" including existing or prior friendships, family or sexual relationships with people who are accessing the MHS to their line manager. Depending on the situation, strategies will be discussed and put in place to support everyone in the situation.

Peer Work is a professional role but the nature of the sharing of lived experience of mental health issues and recovery, means that personal and professional boundaries in the relationship can create challenges. People who access the service may associate the Peer Worker with a friendship type relationship. Peer Workers need to maintain their own personal and professional boundaries in these situations. It is not appropriate for Peer Workers to form new personal relationships with the people they support or give out personal contact details. In a small community this can be complex to negotiate and independent relationships in the community may develop. If issues in this area arise Peer Workers should discuss each situation with their Line manager.

Guidance in these areas is available. Peer Workers and other staff should discuss any confusing or unclear situations with the line manager, supervisors, peer champions or the Consumer Partnership Coordinator.

b. Story sharing and appropriate self-disclosure
Personal story sharing is an important part of Peer Work and can be a very healing process for both the listener and the story teller. Peer Workers develop skills in how, what and when to disclose with a view to supporting a person with their recovery journey.

A useful resource is **Speaking our Minds: A Guide to How We Use Our Stories** produced by **Our Consumer Place** at
www.**ourconsumerplace**.com.au/files/Speaking**OurM**inds.pdf

Peer Workers' personal stories are their own to share and this needs to be respected by other staff members.
- If a Peer Worker discloses some of their personal experience in one context, other staff and people who access the service should be made aware that this is personal information and should not be discussed outside of that context.
- Staff will consult with Peer Workers regarding their role and appropriateness to supporting particular people prior to referral.

- Peer Workers should not be forced to disclose any personal experience but rather choose where, what and when to share their experience in a professional and clinically appropriate manner.

Peer Workers need to be mindful that once they have shared part of their personal story they cannot un-share it. They need to consider their personal boundaries and feelings about what they are sharing and what benefits are gained by sharing this information. For example, it is not appropriate to disclose personal contacts or family details or disclose information about personal use of medications as each person's needs, preferences and experiences are different.

Peer Workers need to maintain an awareness of their own emotional safety parameters and that of the people that they are supporting regarding the potential triggering of past trauma through story sharing. Peer Workers will work closely with clinicians to identify potential risks for people who they are supporting.

Peer workers are advised to discuss any confusing or unclear situations in debriefing and supervision or with the line manager, peer champions or the Consumer Partnership Coordinator.

c. Privacy and Confidentiality

As with all employees, Peer Workers are committed to comply with confidentiality through the NSW Health Code of Conduct and Privacy Act legislation.

Duty of Care will prevail where there is an identified risk to the person themselves or to others. These areas will be covered in further detail in general orientation to the Health Service and MHS.

Peer Workers are encouraged to access appropriate support within the health service after stressful situations or if they need to ventilate their feelings.

Safety Considerations

a. Information Accuracy

The information that Peer Workers share with people who access the service needs to be accurate. Peer Workers will refer queries and questions that are out of their area of expertise to the appropriate staff or provide evidence based information from approved sources. For example questions regarding medical terminology and medication side effects. People accessing the MHS should be encouraged to ask clinical staff their questions directly or with the Peer Workers support.

b. Risk of Harm to Self and Others

Peer Workers will work collaboratively with clinical staff with regards to ensuring that the safety of people who access the service and others is supported. Peer Workers will discuss risk issues with the treating clinician or the treating team upon referral and during the course of Peer Worker sessions.

If Peer Workers identify any indications of, or have had disclosed to them risk of harm to self or others they will report this information to the treating clinician or the treating team as well as the line manager and keep accurate records.

c. Difficult and challenging behaviours

Peer Workers must take responsibility for their own safety in the workplace and recognise the limits of their expertise and experience in circumstances where volatile or aggressive behaviours are or could be occurring. Peer Workers will undertake the same training as all staff in de-escalating aggressive and challenging behaviour. They will comply with all safety policies, guidelines and procedures.

If a Peer Worker recognises or feels that they are unsafe or threatened in a situation they should not stay in that situation. Peer Workers should utilise strategies such as those covered in training to safely remove themselves from the situation and alert appropriate staff.

Advocacy

Peer Workers may advocate for individuals who access the MHS or support them to self-advocate in a professional manner. They will do so openly and in communication with the treating clinician or treating team. Should disagreement or conflict be unable to be resolved within the treating team, the matter will be referred to the Manager.

Peer Workers may be able to offer different perspectives and support to a person accessing MHS as well as their team using their own experience of mental health issues and recovery.

Complaints

Peer Workers may support people who access the service to make a complaint utilising the complaints process. Peer Workers should inform people who are accessing the service of their rights and the complaints process. They are able to support a person to undertake this process.

References:

Health Workforce Australia. 2014. *Mental Health Peer Workforce Literature Scan*. Adelaide, SA. Health Workforce Australia.

NNSW LHD District Mental Health. 2015. *Peer Workforce Service Enablement Plan*. Lismore. NNSW LHD Mental Health Service.

National Mental Health Commission. 2015. *Resource Book 1, Foundations of Peer Work. Certificate IV in Mental Health Peer Work*. National Mental Health Commission.

SNSWLHD Mental Health Drug & Alcohol Service. 2014. *Consumer Advocates Orientation Package and Ethical Conduct Guidelines (draft)*. SNSWLHD Mental Health Drug & Alcohol Service.

PRIVATE AND CONFIDENTIAL
Ulysses Agreement

Between _____

In agreement with _____

I give my consent for copies of this agreement to be held by:

    Name: Relationship:

    Name: Relationship:

    Name: Relationship:

My early warning signs of POSSIBLE un-wellness include:

Plan of Action:

- **If I am concerned that I am becoming unwell during work hours I will:**

- **All concerns about my wellbeing should be referred to _____. If they are concerned about my becoming unwell during work hours I agree that you can:**

- **If possible, I prefer that these actions or responses not be taken:**

Name:

Signature: Date:

Name:

Signature: Date:

Name:

Signature: Date:

Co-signed by three people who share copies of this agreement.

Appendix 2: Principles of Person Centred Care

Person Centred Care

Definition:

Considering the whole person, prioritising safety, respecting their preferences, actively collaborating with them and their families, carers and support networks whenever possible in pathways to recovery.

Eight Principles (123):

1. Compassion, empathy and responsiveness to needs, values and expressed preferences

a. Recognising that each person is a unique individual not just a medical condition to be treated.

b. Placing each person at the centre of the care they receive by listening to, learning from and acting upon communications about what is important to them.

c. Prioritising safety in all aspects of the person's life and in the worker's relationship to the person.

d. Providing support in collaborative partnership with patients and their support network.

e. Supporting and empowering individuals to make their own choices wherever possible.

f. Ensuring that there is a balance between duty of care and dignity of risk to support individuals to take positive and informed risks to be able to make the most of new opportunities in a supported and planned way.

g. Recognising the possible existence of trauma, understanding its impact on the emotional, psychological and social wellbeing of the person and responding accordingly.

h. Displaying sensitivity and respect for each individual, their values, beliefs and culture.

i. Acknowledging all cultural communities and that there is no single Aboriginal or Torres Strait Islander or CALD (Culturally and Linguistically Diverse) culture or group, but numerous groupings, languages, kinships, and tribes as well as ways of living.

j. Demonstrating that culturally valid understandings must shape the provision of services, and must guide assessment, care and management of CALD (Culturally and Linguistically Diverse) as well as Aboriginal and Torres Strait people's mental health and wellbeing.

2. Attitudes and rights

a. Being courteous, respectful and honest in all interactions.

b. Supporting individuals to build on their strengths and take as much responsibility for their lives as they can.

c. Promoting and protecting the individual's legal, citizenship and human rights.

d. Supporting individuals to maintain and develop social, recreational, occupational and vocational activities which are meaningful to them.

e. Recognising the importance of non-health supports such as housing, justice, employment, education and community based care.

f. Promoting collaborative, strengths-based practice that values the person's expertise and judgement.

g. Respecting that self-determination is central to the provision of Aboriginal and Torres Strait Islander health services and Aboriginal Community Controlled Health Services.

h. Recognising that Aboriginal and Torres Strait Island peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

i. Recognising that people from CALD communities have particular cultural understandings, beliefs and practices which must be acknowledged and respected.

3. Coordination and integration

a. Taking a team approach within the mental health service, across mental health services, and in partnership with other relevant services and community supports.

b. Developing clear pathways between services and ensuring continuity of care wherever possible.

c. Actively assisting the person to navigate the mental health service landscape.

d. Actively collaborating with other services and community supports beyond the mental health landscape congruent with the needs of the person.

4. Information, communication and education

a. Working in positive and realistic ways with individuals and their carers to support and empower them realise their own hopes, goals and aspirations.

b. Being clear and transparent about what is being done and why as well as engaging in open discussion about future plans.

c. Offering as much information as is useful to the person and their family, carer and support network in accessible language and in a timely manner.

d. Enabling informed choice wherever possible through clear communication and providing useful accessible information.

5. Physical comfort

a. Considering design, light, space, furniture & equipment, accessibility

b. Considering management of the environment (warmth, cleanliness, smells, noise, sensory deprivation)

c. Ensuring adequate nutrition responsive to preferences whenever possible

d. Ensuring staff responsiveness to individual patients

6. Emotional support

a. Prioritising physical and emotional safety in all aspects of contact with the person and their family and support network; at first contact building safe therapeutic relationships and providing an orientation to the physical environment.

b. Supporting the person, and their family/carer to make the link between past trauma and present behaviours or responses to situations.

c. Recognising that the experience of trauma and loss for Aboriginal and Torres Strait Islander people is a direct outcome of the disruption to cultural wellbeing, and that trauma and loss continues to have inter-generational effects.

d. Acknowledging that racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on everyone's mental health and wellbeing, and particularly for people from CALD and Aboriginal and Torres Strait communities.

e. Fostering healing relationships where disclosure of trauma is possible and is responded to appropriately.

f. Utilising gender-sensitive practices.

g. Instilling hope in the individual's future and their ability to live a meaningful life.

h. Empowering all individuals to take responsibility for their own self-care.

7. Involvement of family, carers and support networks

a. Actively promoting the potential benefit of involving family, carer and support networks in assessing and planning for recovery.

b. Recognising the centrality of Aboriginal and Torres Strait Islander family and kinship as well as the broader concepts of family and the bonds of reciprocal affection, responsibility of sharing.

c. Actively seeking out and engaging with family, carer and support networks in assessing and planning for recovery.

d. Actively considering the support needs of family, carer and support network and connecting them with appropriate services and resources.

e. Actively welcoming family, carer and support network involvement.

8. Care for the care providers (staff):

a. Staff effort, skill and achievements are recognised and acknowledged.

b. Staff are provided with appropriate training to enable them to provide best-practice and evidence-based care.

c. Staff wellness is promoted through:
   i.   Making staff safety a priority
   ii.   Encouraging staff to participate in supervision, reflective practice, and debriefing when appropriate
   iii. Promoting staff self-care
   iv. Communicating and managing in ways which recognise that some staff may have their own trauma histories, may have encountered traumatic situations at work, and may be at risk of vicarious traumatisation.

The Planetree proclamation (2008) (4):

✓ A patient is an individual to be cared for, not a medical condition to be treated.

✓ Each patient is a unique person with diverse needs

✓ Each staff member is a care-giver, whose role is to meet the needs of each patient

✓ Our patients are our partners and have knowledge and expertise that is essential to their care

✓ Our patients' family and friends are also our partners in providing care and we welcome their involvement

✓ The safety of our patients, in all aspects of providing care, is foundational to their capacity for recovery.

✓ Access to understandable health information is essential to empower patients to participate in their care and it is our responsibility to provide access to that information

✓ The opportunity to make decisions is essential to the well-being of our patients. It is our responsibility to maximise patients' opportunities for choices and to respect those choices.

✓ Our patients' well-being can be enhanced by an optimal healing environment including access to music and the arts, satisfying food, and complementary therapies

✓ To effectively care for patients, we must also care for our staff members by supporting them in achieving their highest professional aspirations as well as their personal goals

✓ Patient-centred care is the core of a high-quality health care system and a necessary foundation for safe, effective, efficient, timely and equitable care.

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1 Adapted from the Institute of Medicine's (2001) definition in The King's Fund (2008) *Seeing the Person in the Patient* and The *National Standards for Mental Health Services* (2010), Principles of recovery oriented mental health practice.

2 Informed by the National Standards for Mental Health Services (2010); Mental Health Coordinating Council (2014) *Understanding and Responding to Trauma*; National Mental Health Commission (2014)*Contributing Lives, Thriving Communities: Report of the National Review of Mental Health Programmes and Services, Summary*; Australian Commission on Safety and Quality in Healthcare (2011) *Patient Centred Care*

3 These incorporate the 'Nine Principles of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing' in *Social and Emotional Wellbeing Framework: A National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004-2009*. Australian Government Printing Service. Canberra. 2004. P.6

4 Frampton, Guastella, Brady et al, 2008. The Patient-Centered Care Improvement Guide. Planetree, Inc. & Picker Institute