

# Code of Conduct

<b>Approved by</b>	Debora Colvin: Chief Mental Health Advocate
<b>Contact</b>	Chief, Manager, Senior Advocate
<b>Related documentation</b>	Mental Health Act 2014
<b>Date effective</b>	30 November 2015
<b>Date of next review</b>	1 June 2017

## INTRODUCTION

The Mental Health Advocacy Service (MHAS) is established by the Chief Mental Health Advocate (the Chief) as a result of the enactment of the *Mental Health Act 2014* (the Act). Mental Health Advocates and Senior Mental Health Advocates (the Advocates), are engaged by the Chief to provide the mental health advocacy services outlined in Part 20 of the Act.

The prime role of the MHAS is to provide advocates for, and uphold the rights of, Identified Persons, including helping them resolve complaints, supporting them in Mental Health Tribunal hearings, inquiring into and investigating matters affecting their health, safety and wellbeing and promoting compliance with the Charter of Mental Health Care Principles. Identified Persons are defined by s 348 of the Act which includes involuntary patients, some specifically identified voluntary patients, and residents of Private Psychiatric Hostels. Hereafter they are referred to as consumers.

The functions and powers of Advocates are set out in Part 20 of the Act, and in particular ss 352, 353, 359 and 363. Senior Mental Health Advocates may be delegated functions by the Chief (as set out in s351).

## PURPOSE AND SCOPE

The Code of Conduct, which is binding on the Chief and the Advocates, promotes good practice and sets out the behaviour expected of them. Should the Code of Conduct be breached, the engagement of the Advocate concerned may be reviewed by the Chief. A contravention of the Code of Conduct may also constitute misconduct or neglect of duty under the Act.

### 1. ADVOCACY PRACTICE

Within the context of the Act, the MHAS is dedicated to ensuring all consumers are informed of their rights, their rights are observed and their wishes made known and had regard to.

Advocates WILL:

- advise the person of their Rights, Options and possible Consequences (the ROC Principle) to aid decision making
- support the consumer to express their own wishes about their situation and what they want to happen, always aiming to empower the consumer

- respect all parties and acknowledge their diverse obligations; hearing from other parties when given permission to do so by the consumer
- identify, consider, address or escalate systemic issues that are present or emergent.

Advocates WILL NOT:

- adopt “best interests advocacy” except in the case of children and in accordance with Part 18 of the Act
- counsel or befriend consumers or their personal support persons
- provide their opinion
- create barriers between mental health service providers and consumers
- raise unrealistic expectations.
- speak for the consumer without prior consultation with them. Wherever possible, the Advocate should assist the consumer to express their own needs and wishes.

### **Non-instructed Advocacy**

Occasionally, Advocates will be required to provide non-instructed advocacy for people who are unable to fully communicate their wishes or needs. Non-instructed advocacy can be described as:

*“taking affirmative action with or on behalf of a person who is unable to give a clear indication of their views or wishes in a specific situation. The non-instructed advocate seeks to uphold the person’s rights; ensure fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for their unique preferences and perspectives.” (Henderson, 2006)*

Ideally, in such circumstances, the Advocate will endeavour to discover the consumer’s likes, dislikes, interests and needs before providing advocacy. However, where this is not possible, Advocates should advocate from the perspective of what is fair and equitable when compared to the services provided to others in their situation so as to ensure that their rights are upheld.

Non instructed advocacy for children should take into account the wishes of the child in so far as these can be discerned but must have as its primary concern “the best interest of the child”.

## **2. PERSONAL BEHAVIOUR AND INTEGRITY**

**2.1.** Advocates will comply with their legal obligations and will:

- 2.1.1. ensure that lawful directions from the Minister, the Chief and Senior Advocates are followed
- 2.1.2. comply with the Act and, in particular s373. An Advocate may have a disqualifying interest in a body or organisation that provides treatment or care to a consumer. Having a disqualifying interest operates to prohibit the Advocate from exercising functions under the Act for that body or organisation
- 2.1.3. raise concerns to the Chief or another relevant authority about decisions or actions that are contrary to MHAS’s duty
- 2.1.4. disclose information about illegal activities to the Chief, or if necessary to the Corruption and Crime Commission.

## 2.2. Personal behaviour expected of Advocates

Advocates will:

- 2.2.1. always act in a manner consistent with the principles set out in the Charter of Mental Health Care Principles
- 2.2.2. hold consumers' rights, and interests as their main priority
- 2.2.3. at all times, treat consumers with respect and in a non-judgemental way
- 2.2.4. listen, encourage and validate the consumer's views that don't have the potential to cause harm to the consumer or another person, whilst taking into account cultural values and beliefs
- 2.2.5. maintain the consumer/ advocate relationship in strict confidence and, in line with this and sections 342 and 577 of the Act
- 2.2.6. conduct themselves in a professional, respectful and responsible manner in all dealings with consumers, carers, mental health services staff, other Advocates and MHAS staff. Where disputes arise, the MHAS Complaint Policy procedure will be adhered to
- 2.2.7. where appropriate, work collaboratively with personal support persons (as defined by the Act) provided that the consumer has given consent to do so
- 2.2.8. be aware of the boundaries of their role and offer only advocacy that is within the scope of MHAS's mandate. Where there is doubt, the matter is to be referred to the Senior Mental Health Advocate (the Senior) in the first instance. In the absence of the Senior, the matter is to be referred to the Chief or in the absence of both the Senior and the Chief, the MHAS Manager
- 2.2.9. maintain independence from public and private mental health care staff, services and systems
- 2.2.10. maintain consistent and appropriate boundaries with consumers and their carers. This includes not engaging in inappropriate physical contact; or personal relationships; or visiting more frequently than is required
- 2.2.11. not sell, buy, lend or borrow items to/from consumers
- 2.2.12. not be under the influence of alcohol or illicit substances whilst performing MHAS duties
- 2.2.13. take reasonable steps to maintain and enhance their knowledge, skills and personal qualities necessary to perform their role
- 2.2.14. keep personal telephone numbers and contact details confidential from consumers
- 2.2.15. not transport consumers in their personal vehicles without the written authority of a Senior
- 2.2.16. meet consumers who are on a Community Treatment Order at a public place (for example a clinic) or at MHAS's offices unless written approval is given otherwise
- 2.2.17. not bring the MHAS into disrepute.

### 2.3. Accountability

Advocates will

- 2.3.1. comply with all Protocols, Policies, Procedures, Position Papers, decisions, legal mandate and ethos of the MHAS
- 2.3.2. ensure that they comply with the *Conflict of Interest Policy* which details circumstances beyond those set out in section 373 of the Act. Where an actual, potential or perceived conflict of interest is identified, report this to the Chief. Please also refer to the Conflict of Interest Policy
- 2.3.3. claim payment for services rendered, reimbursements, petty cash and travel/accommodation costs as set out in the MHAS manual
- 2.3.4. attend MHAS meetings as required by Chief and Seniors and provide apologies to the Senior prior to the meeting if necessary
- 2.3.5. prepare for meetings by reading and considering relevant papers circulated with the agenda
- 2.3.6. be organised, prepared and punctual when carrying out MHAS work
- 2.3.7. respond to consumer requests in a timely manner and in accordance with MHAS protocols
- 2.3.8. demonstrate personal integrity and reliability
- 2.3.9. consider the responsible and ethical use of public funds while seeking to achieve the most efficient use of MHAS's resources.
- 2.3.10. seek assistance or refer to another body when required
- 2.3.11. store all information, both in hard copy and electronic formats in a manner that maintains confidentiality for consumers
- 2.3.12. carry their MHAS identification card while carrying out statutory work
- 2.3.13. not give gifts to consumers or facility staff
- 2.3.14. not accept any gifts from consumers or facility staff with the exception of token gifts. A token gift is one of a nominal value up to \$50 such as a gift of appreciation, for example, chocolates or flowers. Any offer of a gift, whether accepted or not, should be reported to the MHAS Manager for approval and recording in the gift register
- 2.3.15. advise the Chief immediately if you have been charged with, or convicted of, any criminal activity.

### 3. Record Keeping

Advocates will:

- 3.1. ensure required reports are completed and correctly entered into the case management system within the timeframes specified by the MHAS. **Note:** payment for services rendered may be delayed pending the completion and correct recording of reports.
- 3.2. ensure all reports and correspondence is written in an accurate and objective manner
- 3.3. ensure that they have the authority to issue written communication to persons outside the MHAS or by seeking approval from the authorised person

- 3.4. ensure that significant records, that is records of an administrative, legal, fiscal, evidential, or historical value are forwarded to the MHAS Reception staff for record keeping
- 3.5. not leave MHAS documents on fax machines, photocopiers or computer screens
- 3.6. ensure that documents which are no longer required are securely disposed of. This can be facilitated by MHAS staff.
- 3.7. maintain appropriate records of all actions and decisions taken as required by MHAS
- 3.8. ensure the secure storage of sensitive and confidential information as required by MHAS
- 3.9. maintain security over information that is transported (i.e. USB thumb-drives, laptops, mobiles)

**4. Dress Standard**

Advocates will dress in a clean, tidy and appropriate manner for the role which they are undertaking.

**5. Media Spokesperson**

The Chief or persons specifically nominated in writing to perform this function are the only persons to speak to, or have contact with the media in relation to MHAS matters.

**6. Dealing with Breaches of this Policy**

Where there is a potential breach of this Code of Conduct, the procedure outlined in MHAS Policy and Procedure will be followed.

**Version Control and Change History**

<b>Version number</b>	<b>Approval Date</b>	<b>Approved by</b>	<b>Amendment</b>
1.0	15 October 2015	Chief	Original