



Use this space for your own notes and thoughts.

2.5 Effective communication

Communication skills are among the most important skills for effective self-advocacy.

Communication can be ineffective for a number of reasons, some of which you may have some control over. For example, you could be angry or frustrated and you might sound harsh, or you may speak softly. Without realising, you might frame things in a negative way, for example, 'I know that you'll say no but...'

Other reasons for ineffective communication could relate to things you have little control over. For example, the service provider you are working with might have poor listening skills, or lack the time needed to listen to your concerns, or they might be busy or distracted. These reasons are not 'an excuse' for ineffective communication, but they are part of the picture, and recognising them is the first step in working towards more effective communication.

USEFUL TIPS

We communicate a lot through body language:

- Sit square and with an open posture (don't cross your arms/legs as this can come across as defensive).
- Keep an open facial expression and maintain eye contact.

You are an important partner:

- Service providers have a responsibility to engage with support persons.
- You may be the one that who knows most about the person you care for.

Having an influence:

- Describe the impact on your life-give a worst-case scenario.
- Be specific.
- Explain why this is important.
- Slow down your talking speed.

Try the **Carer Gateway, Carer Gateway, Carer Skills Module #2: Effective Communication Techniques** - skills.carergateway.gov.au (this takes 20-40 minutes).

What style of communication do you commonly use?

To advocate for yourself and the person you support it's important to recognise what style of communication you tend towards. Passive and aggressive communication are not as useful for self-advocacy as assertive communication. Take a look at the following three generally accepted styles of communication:

- **Assertive Communicators** are able to see that both viewpoints are important and understand that all feelings and opinions are valid. They tend to consider both themselves and others. Assertive communicators are more likely to have their needs met, and everyone feels respected and heard. This is the communication style that will be most helpful in your support role.
- **Passive Communicators** believe that their beliefs, feelings and opinions don't matter. They may defer to others, are unlikely to share their opinions and tend to ignore their own feelings. Passive communicators can often feel hurt, frustrated and resentful as their needs are rarely met.
- **Aggressive Communicators** tend to dismiss the feelings of others. They may see themselves as always right and tend to make choices for other people. Aggressive communicators are more likely to have their needs met, but in the process, they hurt and alienate others.



LOOK AT THE TABLE BELOW, CAN YOU IDENTIFY WHAT STYLES OF COMMUNICATION YOU USE IN DIFFERENT SITUATIONS?

The Assertive Person	The Passive Person	The Aggressive Person
Speaks clearly and openly, e.g. 'I felt really concerned that I wasn't contacted before my daughter was discharged?'	Doesn't speak up for themselves or those they support	Interrupts, talks over others, doesn't listen unless it suits them
Uses a conversational tone e.g. 'It'd be really good if we could talk in a bit more detail about the side-effects of the medication. Would that be ok with you?'	Speaks softly, and might talk a lot but doesn't get to the point easily, rambles a little, apologises a lot	Speaks loudly and with force, e.g. 'You haven't even mentioned the side-effects.'
Makes appropriate eye contact. Looks people in the eye	Avoids looking up or directly in people's eyes	Glares and stares at others, or physically turns their shoulder or back to shut the other talker out
Shows expression which matches the message, e.g. If making a complain, shows concern, sadness, disappointment in facial expressions	Shows minimal or no expression or just agitation	Intimidates by using facial or other expressions, e.g. raises eyebrows, taps fingers on the desk
Relaxes and adopts an open stance, is present and not distracted	Slouches, withdraws, fidgets	Stands rigidly, crosses arms, invades the personal space of others
Actively participates in group sessions	Spends most of the time isolated, disengaged from the group	Tries to take charge and control of the group
Gets, and keeps to the point, with context that's relevant to the other person	Doesn't take own needs into consideration and will agree and say yes without consideration of self	Considers only their own feelings, wants and needs. Makes demands of others often.
Sees self as equal to others	Sees others as more important than self	See others as less equal or important than self
Prefers for no one to be hurt (including self)	Prefers self to be hurt rather than anyone else	Prefers others are hurt to avoid being hurt
Mostly achieves goals without hurting others	Goals aren't reached or released (might not know their goals)	Achieves goals but hurts others in the process
Has the viewpoint that, 'I'm ok, you're ok'	Has the viewpoint, 'you're ok, I'm not'	Has the viewpoint, 'I'm ok, you're not'

Being assertive with service providers

Being assertive – even a little bit – can help you say what you want or need and ensure people are listening.

Assertiveness means you are neither passive or aggressive.

As a family member or friend, you may find it difficult to be assertive in your communication. You're often busy in your role, and in your life. Sometimes it's hard to realise can you not only access help but that you deserve to.

But don't wait until you feel that you're 'assertive enough' to have your say. Start with small steps to build your confidence now.

Even if you don't feel assertive, you can still practice these tips:

- Choose the right time to talk about the issue, make sure there is adequate time to make your point
- Choose the right place, one that's private and where you feel comfortable
- Start slowly, don't be afraid of a few moments of silence while you gather your thoughts and take a breath
- Try not to put yourself down
- Be direct and specific, for example, 'I'm here because I'm concerned about...'
- Be friendly and polite but stand up for yourself, for example, 'Thankyou but I can't make that time as I have another appointment. What' another time?'
- Own your words—say 'I', not 'we'.



- Be honest, share your experiences and opinions
- Maintain eye contact as best as possible
- Speak confidently to get your message across
- Confirm your request, for example, 'So I can make sure I understand, you're going to get back to me about the appointment by next week Monday?'
- Give yourself a healthy reward afterwards that makes you feel good.

ASSERTIVE COMMUNICATORS

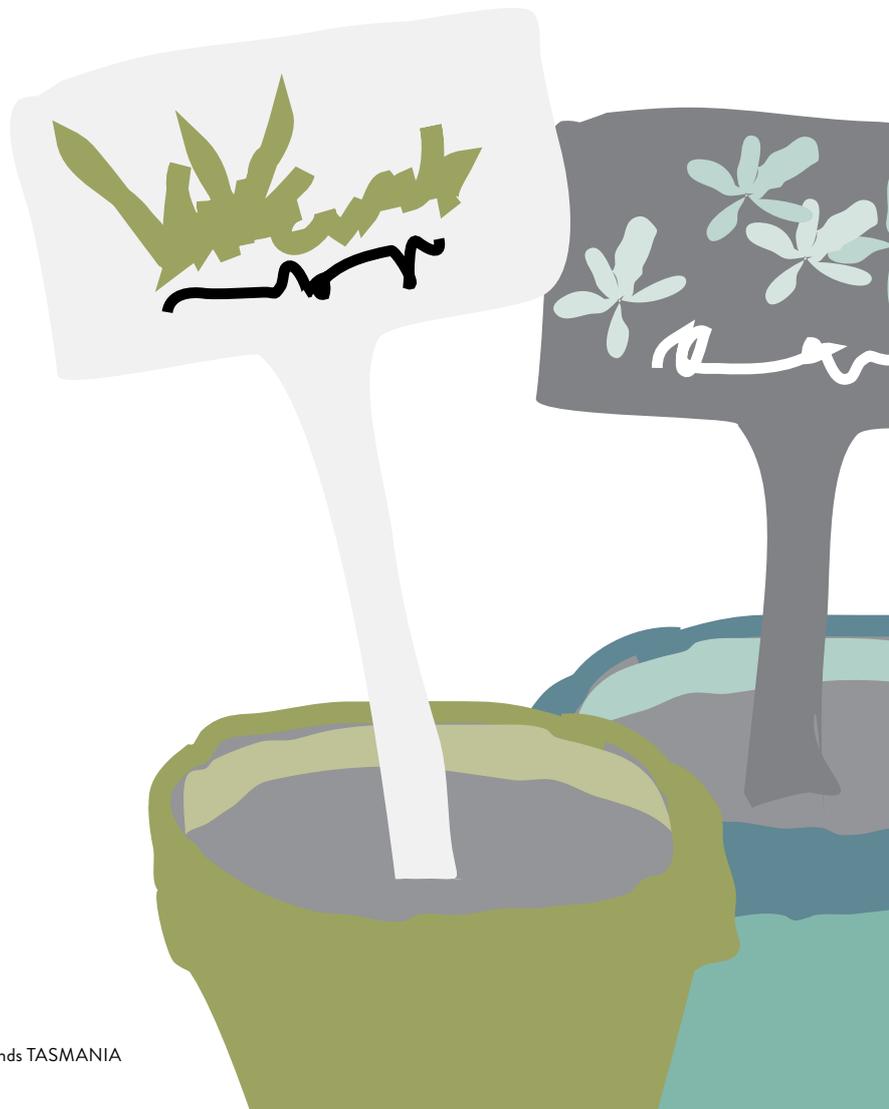
- Know they have the right to ask for help
- Are able to see that both viewpoints are important
- Are aware of their own feelings and believe in themselves
- Are willing to listen and compromise
- Understand that all feelings and opinions are valid
- Tend to consider both themselves and others
- Know their own needs
- Ask for enough time to make decisions
- Are more likely to have their needs met
- Find the right person to talk to
- Ask for specific information

Assertive communication with the person you support

Some of the following techniques for assertive communication could be useful whilst interacting with the person you support, and as you navigate the system of services available to support them:

- The use of “you” statements can sound like an accusation: ‘You sit around all day and do nothing!’
- Use “I” statements to explain that this is your opinion, your interpretation of the situation: ‘I feel worried about your health when I see you stay indoors all day.’
- The following communication pattern can be helpful when you’re thinking of raising an issue. First, you identify the problem, explain your feelings towards the situation and then provide an alternative by describing your preferred situation.
 - Identify the problem.
 - Use “I” statements.
 - Describe your preference.

These communication skills and strategies will form part of your own toolkit as you become more confident in the ways you communicate in your role.



Communicating with service providers

As a family member or friend supporting someone living with mental ill health, you're likely to need to interact with a range of health and social services workers.

You have an important role to play as part of the support team. For example, you might need to make sure the person you support gets to appointments or gets the medication they need.

You might also be involved in making decisions about their health care, and in booking or rescheduling the appointments.

COMMUNICATING ABOUT DIFFERENT ISSUES

Everyone's situation will be different so it's best to seek professional help if you think you need specific advice but there are also some useful sources of information online:

- Helping someone living with Depression or Bipolar – tips for asking direct questions while respecting the person's personal space - [healthline.com](https://www.healthline.com)
- **Beyond Blue** provides lots of information specifically related to men's mental health - [beyondblue.org.au](https://www.beyondblue.org.au)
- How to help a loved one with mental illness – tips for starting dialogues, not debate - [healthdirect.com.au](https://www.healthdirect.com.au)
- **R U OK?** provides practical suggestions if you think someone may be struggling - [ruok.org.au](https://www.ruok.org.au)
- **Conversations Matter** is a practical resource to support discussions about suicide - [conversationsmatter.org.au](https://www.conversationsmatter.org.au)
- **The Alcohol and Drug Foundation** provides information about having the conversation - Alcohol and Other Drugs - [adf.org.au](https://www.adf.org.au)



Here's some suggestions for communicating with health or social services staff:

- Write down your story so you don't have to repeat it every time you visit a different service provider.
- Keep records of what 's happening with the person you support (more information in 2.6 Being Organised, page 49).
- Write down notes to talk to the treating team so you don't have to rely on your memory.
- Ask them about other services available to you.
- If you need to, ask for an interpreter or AUSLAN translator.
- Ask service providers what your rights as a support person are.
- Before talking with a health professional, you could:
 - Talk with the person you support about any questions or concerns they have about their health.
 - Ask the person you support if they want you to go to the appointment with them.
 - Write down a list of questions you want to ask. Don't be afraid to ask questions, even if you think they might be "silly".
 - Ask the person you support to write down a list of their own questions. You may like to have a pre meeting get together to discuss what you're both hoping to get out of the meeting. You can also debrief afterwards to make sure everyone is on the same page.
 - Write a list of things you want to tell or ask the health professional.
 - Bring important information and documents to appointments (for example, the results of tests, medication history) – Find an example medication log template at - [101planners.com/medication-log](https://www.101planners.com/medication-log).



THEY DON'T BELIEVE ME

This is a very common story. The truth is if you have a close, long term relationship with the person you support, you're likely to have important information that can help the person you support on the road to recovery.

When you feel that service providers don't believe you:

- Try not to react to this feeling. Breathe, and remember you're importance to the person you support. You have useful information to share and you have the right to be heard. But be clear, calm, concise.
- Practice the effective communications suggestions in this guide.
- Frame your knowledge as a question, for example, 'Don't you think it's concerning that John has these outburst but doesn't recall them the next day?'
- Tell the service provider why you're concerned about the person you care for example, 'I'm scared'.
- If you feel disrespected, and you're able to change service providers. You need to feel like you're part of the team and that you can trust them.
- Make a complaint.

A word about confidentiality

Consumer confidentiality can be used as a barrier to avoid working with a support person when often the underlying reasons for this are lack of confidence or time pressures. Some service staff hold the belief that the person with mental ill health will no longer trust them if they involve family members or friends

These beliefs and models of service delivery are outdated and not evidence-based, and fail to meet the requirements of national and Tasmanian policies (see the section on Rights in this Toolkit) which require services to work in a partnership manner with support persons.

If the person you support has said they don't want you to talk to health services staff, here are some things you can try:

- Ask the service provider what information is and isn't confidential in supporting the person. This is important to know, particularly if the person you support depends on you to help make or change appointments.
- Ask the service provider regularly if there's anything you can talk about. You probably know the person well and have important information to share. Tell the service provider how you feel.

- Ask the service provider how they work with support people of those with mental ill health and AOD. Ask them if they have heard about the **Practical Guide for Working with Carers of People with Mental Illness**.
- Check in regularly with the person you support to ask when and how you can be involved. They may change their mind. Tell them why you think it may help them if you are involved.
- Service providers should remind people who use their services about the importance of their support network in their journey of recovery. Ask service providers to do this.
- You can seek or receive information to assist with diagnosis and development of care plans. This does not compromise a breach in confidentiality.
- Ask the service provider to give you general information that may be useful, such as information about mental health conditions that is publicly available.
- Know your rights. You have the right to have your voice heard, to ask questions and to make complaints.
- Keep notes about agreed decisions.

"It's a grey area. It's about human rights on the one hand but Carer health and safety on the other...For someone like my brother who had no insight into his condition and the people treating him had no idea how ill he was...yet we were cut out. We should have been able to provide input and information....it didn't pan out like that." - Matthew, 29.



Changing service providers and transferring records

You have the right to change service providers for your own health needs if you feel the relationship is not working.

The Department of Health in Tasmania

provides information about personal information and medical records. Search:

Personal Information and Medical Records.

- health.tas.gov.au/patients/your-rights-and-responsibilities/personal-information-and-medical-records

The Australian Medical Association in Tasmania provides information about transferring medical records. Search: **AMA Transfer of Medical Records – a Guide.** - ama.com.au/tas/transfer-medical-records-guide

As a support person you might be able to use My Health Record to help the person you support. Search: **My Health Record, Australian Government** - myhealthrecord.gov.au

Changing service providers and transferring records for the person you support can be a very challenging issue. If the service you're dealing with includes a Tasmanian Government service, you might be able to ask a **Carer Peer Worker** to help you.



"It's ridiculous not to communicate across borders. It's like moving countries. 'You're out of our jurisdiction so that's the end of our responsibility'." - Kim, 45.